



Virginia Scrivener DVM

Certified Canine Rehabilitation Practitioner
Certified Veterinary Pain Practitioner
Certified Veterinary Medical Acupuncturist

www.AnimalRehabVet.com

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301-745-8975

Please complete the pertinent portions of this form and give it to the patient's owner to bring for the initial consultation at ARPC or fax it back to us. Please include all relevant radiographs and bloodwork. **Thank you for trusting your patient to our care. All patients will be sent back to their referring veterinarian for any care other than rehab or pain management.**

OWNER
Name: _____

REFERRING VETERINARIAN
Name: _____

Phone #: _____

Hospital: _____

PATIENT INFORMATION
Name: _____

Species: _____ Breed: _____

DOB: _____ Sex : _____

Relevant History/Reason for Referral

Please list any relevant surgeries, and how they were performed

Rabies Vaccine Current? Yes No

We ask that all clients arrive 20 minutes prior to their scheduled appointment to ensure they will have their full appointment time with the doctor.

ARPC will issue rDVM reports after initial consultation and will keep you updated with any changes over the course of the treatment with a final report on discharge. How would you like to receive reports?

Fax _____ Email _____

Mail _____