



Pacific Animal Wellness Services

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www.pawsrehab.ca

info@pawsrehab.ca

Referring Veterinarian Information

Date: _____

Veterinarian: _____ Hospital: _____

Phone: _____ Fax: _____

Patient Information

Owner's Name: _____

Address: _____

City/Postal: _____

Home phone: _____ Cell/Work: _____

Owner's email: _____

Patient Name: _____ Breed: _____

Sex: _____ Age: _____ Date of Birth _____

Reason for Referral

Relevant Radiographs/ Diagnostics/ Surgery and/or major procedures performed, include dates.