



4521 W Lawrence Ave #108
Chicago, IL 60630
☎ 224-423-5978
info@thek9pt.com
www.thek9pt.com



Veterinary Referral Form

Veterinary clinic: _____ Phone Number: _____

Client: _____ Pet: _____

We ask you to please include all pertinent medical information including medication profile, pre-existing conditions, diagnostic tests, or any other additional information relevant to the care of this patient.

Diagnosis/Surgeries:

Precautions/Contraindications:

Current medications:

Other medical conditions:

Any other pertinent information you would like to disclose:

DVM Signature

Date

Disclaimer: Per Section 1500.49 of the Veterinary Practice Act in Illinois, "The licensed veterinarian shall maintain responsibility for the veterinarian-client-patient relationship, but shall be immune from liability, except for willful and wanton conduct, in any civil or criminal action if a member providing assistance does not meet the requirements of this item".