



L&B PET PT
— Traveling Care for Pups Everywhere —

L&B Pet PT LLC
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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