



Client name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

Patient name \_\_\_\_\_ DOB \_\_\_\_\_ breed \_\_\_\_\_

rDVM name \_\_\_\_\_ practice \_\_\_\_\_

We will issue you a report after the initial evaluation, various updates as needed, and a final discharge. Please select your preferred method of contact: fax/phone/email

History & medical conditions \_\_\_\_\_

Treatments, surgery, medications \_\_\_\_\_

Pertinent info regarding this case \_\_\_\_\_

As the referring veterinarian, I understand that you remain the primary care provider. K9Strong is only offering rehabilitation and conditioning services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Danielle L. Bercier DVM**

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