

<b>The ARC</b> <b>Animal Rehabilitation Clinic, Inc.</b> At Fox Valley Veterinary Clinic Thomas A. Brooks, DVM <b>Referral Form</b>	<u>405 Oak Street</u> <u>North Aurora, IL 60542</u> Phone: FVVC (630) 896-6664 The ARC (630) 926-4530 Fax: (630) 896-6195 Web Address: www.thearcinc.net
Client Name:	Client Phone:
Client Address:	Gender: M F MN FS
Patient Name:	Breed:
Date of Birth:	Weight/BCS (1-9 scale):
Vaccination Status:	
<b>Please provide a history for your patient.</b>	
Primary Diagnosis/Condition:	
History of Condition:	
Surgical procedure, implants used, and surgical date:	
Medications employed and effectiveness:	
<b>NOTE:</b> As a cost savings measure to the client, please provide the necessary medical reports and x-rays relating to the patient's condition.	
Precautions/Comments (physical/behavioral):	
Referring Veterinarian: (please print)	Phone:
Practice:	Fax:
Address:	Email: (if you wish reports emailed)
DVM Signature:	Date Signed:

Thank you for considering this energizing discipline for your patient!

\* Oak Street is right off Rt. 31 and close to I-88