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## CAPs Referral Form

*Please complete the following and return by email along with a Fit to Swim form:*

Client first & last name: \_\_\_\_\_

Patient name: \_\_\_\_\_

Client contact phone number(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Client email: \_\_\_\_\_

Species (circle): Dog / Cat      Breed: \_\_\_\_\_      Age: \_\_\_\_\_

Sex (circle): Male / Female      Neutered/Spayed **OR** Intact

Date of last Rabies vaccination (mm/dd/year): \_\_\_\_\_ Circle: 1 year / 3 year

Date of last DAP/DHPP vaccination (mm/dd/year): \_\_\_\_\_ Circle: 1 year / 3 year

Date of last Bordatella vaccination (mm/dd/year): \_\_\_\_\_

Please indicate the primary reason for referral (ie. post-surgical rehabilitation, conditioning, weight loss, or geriatric conditioning). If post-surgical rehabilitation please indicate what surgery the patient received, when and affected limb/are of the body: \_\_\_\_\_  
\_\_\_\_\_

Does the patient exhibit fear/anxiety/stress in-clinic or in a new environment? Circle: Yes / No

Does your clinic recommend muzzling the patient for handling or procedures? Circle: Yes / No

Additional comments regarding pet's behaviour and/or interactions/handling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please attach all relevant medical history (including current medications) and radiographs.\**

As the referring veterinarian, I understand that I remain the primary care provider.

\_\_\_\_\_  
DVM Signature

\_\_\_\_\_  
Printed/typed name of DVM

\_\_\_\_\_  
Date

Clinic email: \_\_\_\_\_

Clinic phone number: \_\_\_\_\_

*Thank you for entrusting CAPs with the care of your patient.*