



CANINE REHABILITATION AND WELLNESS

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Physical Rehabilitation Referral Information

Referring Veterinarian Information

Clinic: _____ Veterinarian: _____

Phone: _____ Fax: _____ Email: _____

Client Information

Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____

Patient Information

Name: _____ Species: _____ Breed: _____

Sex: _____ Age: _____ Color: _____

Reason for Referral: _____

Date of Last Rabies Vaccination: _____ 1 year 3 year

Routine Medication/Supplements: _____

Current Therapy: _____

History: _____

Physical Exam Findings: _____

Diagnosis: _____

Radiographic Findings: _____

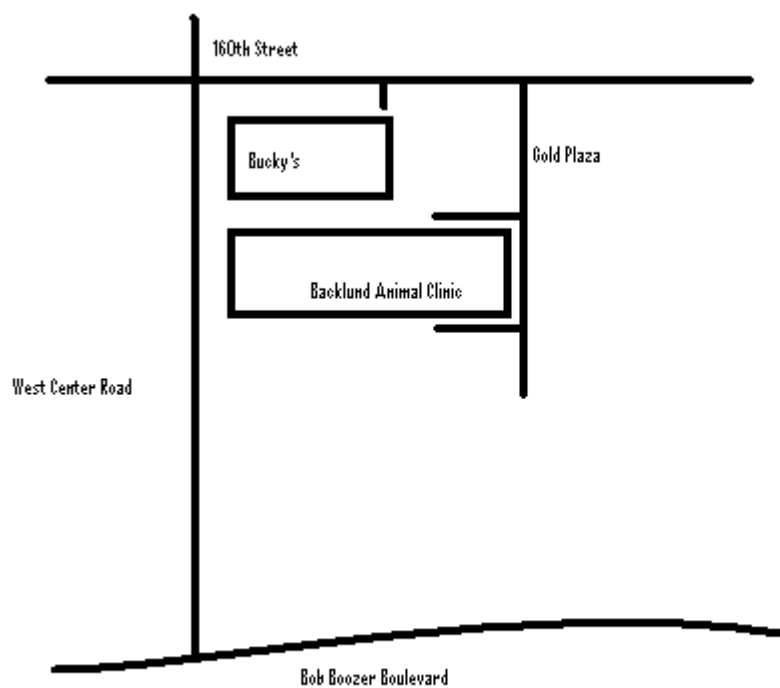
Please send a copy of the medical history, lab work, and radiographs.

I have explained to my client that Backlund Animal Clinic charges for services rendered and payment is due in full at time of discharge.

Referring Veterinarian Signature

Date

Map to Backlund Animal Clinic and Canine Rehabilitation and Wellness



From West Center Road, turn north on 160th Street, after Bucky's gas station turn right onto Gold Plaza, take the second right into Woodhaven Center, end at 2616 South 158th Plaza.

Call 402-334-1580 with questions.