



MONTE VISTA PET LODGE

## Hydrotherapy Referral Form

### Monte Vista Pet Lodge

365 Unser Blvd SE  
Rio Rancho, New Mexico 87124  
Phone: (505) 988-1494  
Email: Info@MVPetLodge.com  
www.MVPetLodge.com

### Appointments Available

Tuesday: 4:30pm

Thursday: 4:30pm

Saturday: 11:00am and 12:15pm

Date: \_\_\_\_\_

### Referring Veterinarian Information:

Veterinary Hospital/Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Please provide an email address you would like to receive updates on this case to.

Email: \_\_\_\_\_

### Client Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

To your knowledge does this pet have any behavioral issues that may impact a treatment session? (I.e. Owner protective, dog aggressive etc)

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

### Areas of Concern/ Treatment Requests:

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You will receive emailed updates on your patients treatment plan.  
Please do not hesitate to reach out with any questions or concerns.