



**Hyperbaric Oxygen Therapy
(HBOT) Service at:
Veterinary Emergency &
Rehabilitation Hospital**



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Veterinary Emergency & Rehabilitation Hospital
Improving the lives of pets and people

Name of Practice Referring Case: _____

Veterinarian Referring Case: _____

Patient Information:

Name: _____ Breed: _____ Age: _____ Weight: _____

Client Information:

Client's Name: _____

Client's Phone: _____ Client's E-mail Address: _____

Additional Patient Information:

Problem or Surgery: _____

Current medications & supplements (and doses): _____

Has this patient had recent chemotherapy? _____ If yes, when? _____
Type of chemo? _____

Does this patient have a history of seizures? _____ Are the seizures well controlled? _____

Additional information: _____

Please email or attach any additional information you'd like us to have

***Thank you for your Referral from
The Veterinary Emergency & Rehabilitation Hospital***