

## **HAPPY VALLEY VETERINARY CLINIC & HOSPITAL** O/B HAPPY VALLEY VETERINARY CLINIC CO., LTD.

跑馬地獸醫診所及醫院

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## **REHABILITATION SUBMISSION FORM**

Please send submission form AND relevant histo	ry to Fax no.: 2577 5182 or Em	ail: hvvcinfo@gmail.com
Referring Clinic:	Date:	
Referring Vet:		
Name of Client:		
Patient Name:	Species:	Weight (kg):
Patient Name:Breed:	Age:	Sex:
Diagnosis:		
Medication:		
Pre-existing Conditions:		
Other Relevant Notes:		
Uner Relevant Notes.		
*How would you like us to send the follow-up report?		
☐ Email:	□ Fax:	







