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Veterinary Information Clinic Name: _____ Phone Number: _____ Email: _____ Referring Veterinarian: _____ **Client Information** Client Name: ______ Pet Name: _____ Veterinary Evaluation Date: ______ Pet Diagnosis/Reason for Referral:_____ Veterinarian Signature: ______ Date: _____

Disclaimer: Per Section 38–3333 of the Nebraska Revised Statute, "A licensed veterinarian who prepares a letter of referral for healthcare therapy by licensed animal therapist shall not be liable for damages caused to the animal as a result of the healthcare therapy performed by the license to animal therapist."