



# PAWSitive

## REHABILITATION

Pacific Beach Veterinary Clinic

### Veterinary Referral Form

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

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

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

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Body Weight: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Check boxes below for the patients program:

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

Hydrotherapy

Diagnosis: \_\_\_\_\_

Electrical Stimulation

Low Level Laser Therapy

Date of onset of Condition/Surgery: \_\_\_\_\_

Therapeutic Ultrasound

Surgical Procedure: \_\_\_\_\_

Land treadmill

Massage, range of motion

Medical History: \_\_\_\_\_

Strength training

Neurological re-education

Medications: \_\_\_\_\_

Nutraceuticals: \_\_\_\_\_

Precautions/Restrictions (ie. restricted wt bearing/range of motion, cardiovascular, etc.): \_\_\_\_\_

Date of next follow up visit: \_\_\_\_\_

Preferred Method of Communication:

Phone

Fax

Email

Phone Number/Fax/Email Address: \_\_\_\_\_

Referring Veterinarian Signature: \_\_\_\_\_