PAWTENTIAL
ANIMAL REHABILITATION

Rehabilitation Referral Form

Veterinary Clinic Information

Vet Clinic Name: _____

Vet Clinic Phone Number: _____

Veterinarian Name: _____

Veterinarian Email: _____

Client and Patient Information

Client Name: _____

Client Phone Number: _____

Client Email: _____

Pet Name: _____

Pet Species: [ ] Dog [ ] Cat [ ] Other

Bread: _____

Sex: [ ] F [ ] M Age: _____

Referral Information

Reason for Referral (diagnosis or injury):

_____

_____

Medical History (include recent/past surgeries):

_____

_____

Is this patient appropriate for laser therapy?: [ ] Yes [ ] No

Is this patient appropriate for PEMF?: [ ] Yes [ ] No

Precautions / Contraindications:

_____

_____

Current Medications:

_____

_____

Other Medical Conditions:

_____

_____

Any Other Relevant Information:

_____

_____

Documentation

Please send exam documentation or relevant records to Pawtentail Animal Rehabilitation:

Email: taylor@pawtentialanimalrehab.com

Authorization

Date: _____

Signature: _____