

For Paws Rehabilitation at the Mid-Atlantic Animal Specialty Hospital
Physical Rehabilitation Referral Request and Information Form

Patient Name: _____ Date: _____

Client Name: _____ Client Phone Number: _____

Referring Veterinarian: _____ Hospital: _____

What are Your Goals for Physical Rehabilitation? _____

Working Diagnosis: _____

Medical History (Including Medications and Results of Diagnostic Testing): _____

Is there any reason that this patient should not participate in cardiovascular exercise (i.e. underwater treadmill, land treadmill, or swimming)? _____

Other Precautions: _____

Date of the next scheduled follow-up visit with the referring veterinarian. _____

For Canine Conditioning Program Referrals Only:

Goal Body Weight: _____

Results of Thyroid Panel: _____

Recommended Diet: _____

Referring Veterinarian Signature: _____

Please feel free to contact us via telephone at MASH at 410.414.8250, via mobile phone at 301.848.5325, or via email at forpawsrehab@comcast.net. All For Paws Rehabilitation services are supervised by a staff veterinarian at MASH.