

MID-ATLANTIC ANIMAL SPECIALTY HOSPITAL

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**Physical
Rehabilitation
& Fitness**

PHYSICAL REHABILITATION REFERRAL REQUEST & INFORMATION FORM

Date: _____

Referring Veterinarian: _____

Client Name: _____

Hospital: _____

Patient Name: _____

Clinic Telephone: _____

Signalment: _____

Client Telephone: _____

What are your goals for physical rehabilitation &/or aquatic therapy? _____

Working diagnosis: _____

Medical history: _____

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

Are there any other precautions of which our staff should be aware? _____

When is this patient's next scheduled follow-up visit with you, if applicable? _____

Please complete the following for Canine Conditioning Program referrals:

Goal body weight: _____

Results of thyroid panel: _____

Recommended diet: _____

Physical Rehabilitation services are supervised by a veterinarian of the Mid-Atlantic Animal Specialty Hospital

Submit

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