



# PHYSICAL REHABILITATION & FITNESS

## Surgery


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## Rehabilitation


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 [www.vetmash.com](http://www.vetmash.com)

**Date:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_

**Referring Veterinarian / Hospital:** \_\_\_\_\_ **Patient Name:** \_\_\_\_\_

\_\_\_\_\_ **Signalment:** \_\_\_\_\_

**Hospital Telephone:** \_\_\_\_\_

When was this patient's last exam with you? \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Osteoarthritis  
\_\_\_\_\_ Hip Dysplasia  
\_\_\_\_\_ Spine DDD  
\_\_\_\_\_ Deconditioned State  
\_\_\_\_\_ Obesity      Current Weight: \_\_\_\_\_      Goal Weight: \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

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

Health Concerns: \_\_\_\_\_ Cardiac  
(concerning rehab) \_\_\_\_\_ Respiratory (collapsing trachea, Lar/Par, etc.)  
\_\_\_\_\_ Renal  
\_\_\_\_\_ History of Malignancy  
\_\_\_\_\_ Seizures

Are there any precautions of which our staff should be aware? \_\_\_\_\_  
\_\_\_\_\_

### The following information is needed PRIOR to your client's appointment:

- Any additional pertinent information
- Results of diagnostics
- Current proof of rabies vaccination

All information can be sent by fax, (410) 414-2222, or by email to [receptionistvetmash@gmail.com](mailto:receptionistvetmash@gmail.com)

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