



PHYSICAL REHABILITATION & FITNESS

Surgery


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Rehabilitation


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 410.414.8250

 410.414.2222

 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 email to receptionistvetmash@gmail.com or by fax (410) 414-2222

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