##### *Paws Animal Rehab and Fitness Inc.*

11818 94 St NW, Edmonton AB. T5G 1J4

Phone: (780)340-4688 Email: Kim@pawsanimalrehab.ca

##### MEDICAL INFORMATION / REFERRAL FORM

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| Owner’s name: |
| Address: Postal Code: |
| Phone: | Cell: |
| Dog’s name: |
| Sex: M MN F FS  | Date of birth: |
| Breed: | Colour: |
|  Rehabilitation/physical therapy program (applies to injured, post-surgical, arthritic, musculoskeletal, and neurological cases).\* **Note**: Assessment prior to treatment design and implementation will be provided by Paws Animal Rehab staff.  Please provide diagnosis and pertinent medical history of condition afflicting the above mentioned patient: |
| Surgical and/or other procedures performed and date(s): |
| Medication(s): |
| Any concerns or contraindications to physical therapy to the above mentioned patient? |
| Veterinarian’s name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Veterinarian’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please email completed form to: Kim@pawsanimalrehab.ca