##### *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

|  |  |  |
| --- | --- | --- |
| 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