



Veterinary Referral for Rehabilitation Services

Zoomie Zone Canine Rehab & Fitness

Services provided under veterinary referral and supervision.

9502 N Interstate 27

Lubbock, TX 79403

(806) 602-8444

Veterinary Clinic _____ **Phone** _____

Supervising Veterinarian _____ **Email** _____

Client Name _____ **Client Phone** _____

Pet Name _____ **Breed** _____ **Age** _____ **Weight** _____

Please include all pertinent medical information, including medication profile, pre-existing conditions, diagnostic tests, and any other information relevant to the care of this patient. Please attach recent records.

Diagnosis / Surgery _____ **Surgery Date** _____

Body Region(s) to Treat _____ ☐ L ☐ R ☐ Bilateral

Precautions / Contraindications / Restrictions:

Other Medical Conditions:

Medications:

Authorized: Rehabilitation assessment and treatment as indicated (underwater treadmill, therapeutic exercise, PEMF) under general supervision.

Owner Alternate-Therapy Acknowledgment: ☐ On file with me ☐ Please obtain and send me a copy

*** Per Rule 573.14 of the Texas Administrative Code (22 TAC §573.14), the supervising veterinarian has established a veterinarian-client-patient relationship and determined that rehabilitation services (an alternate therapy) under general supervision will not likely be harmful to the patient. ***

rDVM Signature _____ **Date** _____

Printed Name _____ **TX License #** _____