

Revive Veterinary Rehab

6800 Burnet Road, Suite 3
Austin, TX 78757
512-551-3041
revivevetrehab@gmail.com

Veterinary Referral Form for Physical Rehabilitation/Conditioning

Referring Clinic: _____ Date: _____

Clinic Address: _____

Phone: _____ Email: _____

Patient Information

Owner's Name: _____ Phone: _____

Owner's Address: _____

Patient Name: _____ Age: _____ Species: _____ Weight: _____

Breed: _____ Sex: Male Female Intact Spayed/Neutered

Current on Vaccinations Yes No

*Note: Patients are required to be up to date on Rabies in order to participate in the Rehabilitation Program. We recommend patients to be up to date on DHPP and Bordetella.

Exceptions may be made for patients with a history of severe vaccine reactions or in immunocompromised patients.

Diagnosis/ Reason for Referral:

Type of Surgery and Date (if applicable): _____

List of Medications:

Pre Existing Conditions:

A treatment plan will be individualized based on each patient's needs. Treatment plans may include all or some of the following: Laser Therapy, Underwater Treadmill, Shock Wave Therapy, and in hospital/ home therapeutic exercises.

Please list any concerns about above therapeutic options:

Referring Veterinarian: _____ Date: _____

*Please email a copy of vaccine records, recent lab work, radiographs, and pertinent patient history.

*If you have any questions, please contact **Hindatu Mohammed DVM,CCRP at (512) 551-3041**