



MVP
REHABILITATION AND
INTEGRATIVE SERVICES

MVP Rehabilitation Referral Form

(Underwater Treadmill & Therapeutic Exercise Only)

Referring Veterinarian Information

Clinic Name: _____

Referring Veterinarian: _____

Phone: _____ Email: _____

Clinic Address: _____

Patient Information

Patient Name: _____

Species: Dog Cat Other: _____

Breed: _____

Age: _____ Sex: M F Neutered Spayed

Weight: _____

Owner Name: _____

Owner Phone: _____

Owner Email: _____

Referral Purpose

- Underwater Treadmill Therapy Only
- Therapeutic Exercise Only
- Both Underwater Treadmill & Therapeutic Exercise

This referral is for rehabilitation services only. All other medical management remains with the referring veterinarian.

Diagnosis / Reason for Referral

(Include orthopedic, neurologic, post-surgical, or conditioning goals) Please provide Neuro, Ortho, or Physical exam with referral form.

Current Medical Management

Primary Diagnosis: _____

Date of Surgery (if applicable): _____

Current Medications:

Exercise & Rehabilitation Guidelines

(Please check all that apply)

- No restrictions
- Controlled therapeutic exercise only
- Underwater treadmill permitted
- No jumping/running
- Other restrictions or instructions:

Contraindications / Special Considerations

(Examples: cardiac disease, respiratory disease, open wounds, behavioral concerns)

Communication & Reporting Preferences

- Initial evaluation summary
- Progress updates
- Discharge summary
- Please contact me before making changes to therapy plan

Preferred contact method: Phone Email

Acknowledgment

I confirm that I will retain primary medical management of this patient. The rehabilitation clinic is authorized to provide **underwater treadmill therapy and therapeutic exercise only** as outlined above.

Referring Veterinarian Signature: _____

Date: _____