



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: _____
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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: _____