



Newberg Canine
Rehabilitation Center, LLC

Client Referral From

Client _____ Patient _____

Breed _____ Sex _____ Age _____ Weight _____

Referring Vet/Clinic _____

Clinical Condition _____ Onset/Sx Date _____

Special Instructions: _____

Frequency _____ Times Per Day _____

Board Until _____ Drop Off: _____

Plan: Evaluate and Treat

Hot Pack

Gait Training

Cryotherapy

Massage

Ultrasound

Joint Mobilizations

Electrical Stimulation

Weight-Bearing/Weight Shifts

Therapeutic Exercise

Passive Range of Motion

Hydrotherapy

Neuromuscular Reeducation

Other: _____

DVM Signature _____ Date _____