



Veterinary Referral and Consent Form for Rehabilitation Therapy at Joey's Legacy

Owner Information:

Name: _____ Phone number: _____

Email: _____

Patient Information:

Name: _____ Breed and colour: _____

Age: _____ Gender (spayed/neutered): _____

Consenting Veterinarian Information:

Veterinarian name: _____ Clinic name: _____

Clinic phone number: _____ Email: _____

Reason for referral (please list any diagnoses):

Have there been any diagnostic tests/medical imaging or treatment done for this specific issue?

Current medications and/or supplements:

Any other current or previous medical issues?

Treatment Requested (please check boxes):

- ☐ Therapeutic exercise + home exercise program
- ☐ Laser Therapy
- ☐ Massage Therapy
- ☐ TENS for pain management (transcutaneous electrical nerve stimulation)
- ☐ EMS for muscle strengthening (electrical muscle stimulation)
- ☐ As recommended by Emily at Joey's Legacy

I have examined the dog named on this consent form and confirm that they are fit to receive rehabilitation services. By signing this form, I consent to the requested rehabilitation services being performed and am aware that all services are being provided by a Certified Canine Rehabilitation Practitioner.

Signature of referring veterinarian

Date