



**Canine Rehabilitation & Fitness Center, Inc.**

TEL: (619) 846-9531      FAX: (858) 720-0178      www.TsavosCanineRehab.com

Date \_\_\_\_\_

**Veterinarian** \_\_\_\_\_  
Practice \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Client Name** \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_



**Patient Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

**Primary Diagnosis:** \_\_\_\_\_

confirmed     tentative

**Prognosis Offered:** \_\_\_\_\_

**Concurrent Medical Conditions:** \_\_\_\_\_

**Current Medication(s) / Treatment:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Reason for Referral:**

- |                                                        |                                       |
|--------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Post Operative Rehabilitation | <input type="checkbox"/> Conditioning |
| <input type="checkbox"/> Neurological                  | <input type="checkbox"/> Obesity      |
| <input type="checkbox"/> Musculoskeletal / Arthritis   | <input type="checkbox"/> Wound Care   |
| <input type="checkbox"/> Geriatric Support Care        |                                       |

**Special Considerations / Precautions:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**Veterinarian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_