



**TSAVO'S** *Canine Rehabilitation Center*

Maja Wichtowski, RVT, CCRP  
Del Mar, CA  
TEL: (619) 846-9531 FAX: (858) 720-0178

**Date** \_\_\_\_\_

**Veterinarian** \_\_\_\_\_

Practice \_\_\_\_\_

Phone \_\_\_\_\_

Fax (for progress notes) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client Name** \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you the patient's primary Veterinarian? \_\_\_\_\_

**Patient Information**

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

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

confirmed  tentative

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

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

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

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

**Reason for Referral:**

- Post Operative Rehabilitation
- Neurological
- Musculoskeletal / Arthritis
- Geriatric Support Care

- Conditioning
- Obesity
- Wound Care

**Please Attach:** X-rays (pdf format)  Blood work  Medical Records

**Goal of Treatment:** \_\_\_\_\_

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

Date of next scheduled progress exam with veterinarian: \_\_\_\_\_

Please send:  Referral forms  Business Cards

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