

REFERRAL

Tails of Rye Canine Rehab
675 Wallis Rd
Rye, NH 03870

www.tailsofrye.com
info@tailsofrye.com

Phone: 603.379.2099

Fax: 603.379.8199

Date ____/____/____

Referring Veterinarian

Name: _____
Clinic: _____
Phone: _____
Fax: _____

Client

Name: _____
Address: _____
Phone: _____

Patient Information

Name: _____
Birth date: _____
Breed: _____ Sex: _____ Neutered: _____

Referred for/diagnosis:

Pertinent Information (pre-existing conditions, prognosis, precautions, etc.):

Services Requested

- Physical
- Hydro treadmill
- Aquatic therapy
- Massage/Myofascial release
- Range of motion
- Neuromuscular re-education
- Education—home program
- Laser
- Ultrasound

Goals of Rehab:

- Restore range of motion
- Improve limb function
- Improve strength
- Improve conditioning
- Improve owner understanding of recovery
- Weight reduction
- Improve overall function
- Strengthening
- Adaptive equipment

Please send me additional referral forms. *Quantity requested:* _____

Please send me additional brochures. *Quantity requested:* _____

DVM Signature _____