



**amicus**

ANIMAL REHABILITATION



**info@amicusrehab.com**

**(971) 369-8030**

**VETERINARY REFERRAL FORM**

Thank you so much for your referral! Please fill out the below relevant information and medical history that pertains to the patient.

Patient/Pet Name: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner Contact Email: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Veterinary Phone Number: \_\_\_\_\_

Veterinary E-mail: \_\_\_\_\_

**RELEVANT MEDICAL HISTORY**

Patient's Medical Diagnosis:

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Surgeries / Procedures:

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Imaging / Diagnostic Tests:

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Current Medications / Supplements:

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Precautions / Contraindications / Activity Restrictions:

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Other Relevant Medical Condition(s):

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**TREATMENT OR THERAPY TO BE PROVIDED:**

\_\_\_\_\_ Physical Therapy/Rehabilitation \_\_\_\_\_

By providing your signature below, you are providing consent and authorization, and giving permission to Amicus Animal Rehabilitation to provide physical therapy/rehabilitation services to the patient specified above.

Please sign and return this to Amicus Animal Rehabilitation at your earliest convenience either electronically through e-mail or by returning this signed form to the client in order for them to relay this form to Amicus Animal Rehabilitation to keep in the patient's medical file.

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Primary/Referring Veterinarian DVM (print)

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Primary/Referring Veterinarian DVM (signature)

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Date

**Thank you so much for your referral. We look forward to working with you!!**