



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 Name: _____

Owner Contact Email: _____

Veterinary Clinic: _____

Veterinary Phone Number: _____

Veterinary E-mail: _____

RELEVANT MEDICAL HISTORY

Patient's Medical Diagnosis:

Surgeries/Procedures:

Imaging/Diagnostic Tests:

Current Medications:

Precautions/Contraindications/Activity Restrictions:

Other Relevant Medical Condition(s):

TREATMENT OR THERAPY TO BE PROVIDED:

Physical Therapy & Rehabilitation

Amicus Animal Rehabilitation may also utilize the services of a certified animal rehab CVT (certified veterinarian technician) as needed in providing services to the patient specified above in accordance to Oregon Administrative Rules 875-030-0040.

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.

Primary/Referring DVM (signature)

Primary/Referring DVM (print)

Date

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