



# Canine Rehabilitation & Fitness Center, Inc.

TEL: (619) 846-9531

FAX: (858) 430-3999

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** \_\_\_\_\_