



**Four Paws Rehabilitation, LLC**  
1206 N Fancher • Mt Pleasant, MI 48858 • (989) 859-6387  
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## REFERRAL FORM

Referring Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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### CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### PATIENT INFORMATION:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Onset: \_\_\_\_\_

Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Medical Information: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

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### TREATMENT:

Eval & Treat

Paws in Motion (Weight Management Program)

Underwater Treadmill

Manual Therapy

Therapeutic Exercise

Laser

Massage

Other: \_\_\_\_\_

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Contraindications: \_\_\_\_\_

Frequency of Rehabilitation: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_