

**K-9 Rehabilitation and Fitness Center
of Southeastern Minnesota
855 Frontage Road
Byron, MN 55920
507-775-6720**

Referral Form

Client Name _____ Patient name _____
Breed _____ Sex _____ Age _____

Referred for Rehabilitation Exercise/conditioning

Date of referral _____ Diagnosis _____

Referring Veterinarian _____

Special instructions/precautions:

Plan: Please check all that apply

- Evaluation and treat as indicated
- Hot pack
- Cryotherapy
- Therapeutic exercise including range of motion, strengthening, balance, proprioception
- Gait training
- Client education
- Hydrotherapy including underwater treadmill
- Massage
- Manual therapy
- Weight loss program

As the Referring Veterinarian, I understand that I remain the primary care provider.

Signed _____ date _____