



CANINE REHABILITATION

Veterinary Referral Form

Jennifer Hill, PT-CCRP

Nationally Certified Canine Rehabilitation Practitioner

Date: _____

Name of Dog: _____

Name of Owner(s): _____

Rx : _____

☐ **Canine Rehabilitation Evaluation**

☐ **Hydro therapy**

- ☐ Rehabilitation based
- ☐ Conditioning/Maintenance
- ☐ Geriatric/Weight-loss

☐ **Treatment as indicated below:**

- ☐ Strengthening
- ☐ Stretching
- ☐ Gait Assessment/treatment
- ☐ Balance/Proprioception Assessment/treatment
- ☐ Joint mobilizations
- ☐ Modalities: _____
- ☐ Exercise program for owner
- ☐ As appropriate

Dr _____