Mount Carmel
ANIMAL HOSPITAL
Tender Loving Care From Our Vets To Your Pets

Canine Rehabilitation Referral Form

Your veterinarian has referred you to Mount Carmel Animal Hospital's Canine Rehabilitation Program for treatment of your pet's specific problem. We will complete these procedures and forward all pertinent information back to your referring veterinarian. We will uphold the professional relationship with your veterinarian; therefore, all patients referred to Mount Carmel Animal Hospital's Canine Rehabilitation Program will be offered only the intended referral service. We are unable to perform routine veterinary care for your pet. We ask that you return to your veterinarian for follow-up care. Thank you for the opportunity to care for your pet.

Owner's name:_____ Pet's Name:_____ Date:_____
Address:_____ Phone #: _____
Breed:_____ Sex:_____ Age:_____ Current Weight:_____
Color: _____ Spayed/Neutered: _____

Referring Veterinarian/clinic:_____
Phone #:_____ Fax #: _____
Email address:_____

Diagnosis:_____ Onset date:_____

Plan:

- □ Evaluate and treat
- □ Laser Therapy
- □ Underwater treadmill
- □ Ultrasound
- □ Therapeutic exercises
- □ Passive range of motion
- □ Gait training
- □ Massage
- □ Electrical Stimulation
- □ Weight-bearing/weight shifts
- □ Neuromuscular re-education
- □ Other:_____

Special instructions/precautions:_____
_____
_____
_____

Frequency and Duration: _____ times/week for _____ weeks or ___ per rehab clinic protocol

Veterinarian's signature:_____

Preferred method to receive treatment plan and updates: □ fax □ email □ mail

**Please fax a copy of patient history including current vaccination status.
All vaccines must be up to date prior to beginning rehabilitation.**

16904 York Road Monkton, Maryland 21111 410/343-0200
www.mcahonline.com