



918 East Main Street, Chattanooga, TN 37408 | chattanoogaholisticvet.com | 423-531-8899 | chairehab@gmail.com

Aqua-Therapy

Post-Surgical Rehabilitation

Preventative Conditioning

Medical Massage

Therapeutic Exercise

Gait Training

Therapeutic Laser

Athletic Conditioning

Weight Loss Programs

## CANINE REHABILITATION REFERRAL FORM

Referring Hospital: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Doctor Email: \_\_\_\_\_ Preferred Contact: \_\_\_\_\_

### Owner Information

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_

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

Owner Contact Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

### Patient Information

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

History: \_\_\_\_\_

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

Special Instructions: \_\_\_\_\_

Email radiographs and pertinent records to [chairehab@gmail.com](mailto:chairehab@gmail.com) prior to appointment date.