



LAURELWOOD VETERINARY HOSPITAL
REHABILITATION REFERRAL

515 BENJAMIN ROAD
WATERLOO, ONTARIO • N2J 3Z4
PHONE: 519-699-0875
FAX: 519-699-0430
www.laurelwoodvets.ca

Date:

Pet Name:

Owner Name:

Age:

Address:

Sex:

Phone Number:

Breed:

Email Address:

Rabies Due:

Da2ppv Due:

Use/Activity of Pet:

Veterinary Clinic and Referring Veterinarian:

Clinic Phone Number:

Clinic Email Address:

What is the presenting problem?

How long has problem been present?

Current medications:

Have radiographs been taken?

Has the patient received rehabilitation/physiotherapy before? If so, from where?

Does the patient receive any other therapeutic treatment?

Massage therapy

Laser therapy

Hydrotherapy

Veterinary Spinal Manipulation Therapy