Woodcock veterinary services

REFERRAL and/or Fit-to-Swim

Client Name: _____Patient:_____

Species/Breed:_____

Sex (circle): M M (neutered) F F (spayed) Age (or date of birth) _____

"Referral"

□ Rehabilitation (please attach relevant information on surgical or medical condition below or in a separate document)

Plan: Please check all that apply

□ Evaluate and treat as indicated, OR

□ Heat therapy
□ Cryotherapy
□ Therapeutic Exercises
□ Client Education
□ Hydrotherapy – Underwater Treadmill
□ Chiropractic
□ Massage
□ Manual therapy

□ Exercise/conditioning

□ Weight management program

FURTHER COMMENTS OR SPECIAL INSTRUCTIONS

"Fit-to-Swim"

□ Recreational swimming only – I agree that have examined this dog during the past 12 months and believe he/she is able to participate in recreational swimming.

As the referring veterinarian, I understand that I remain the primary care provider.

_____ _____ _____

DVM Signature **Printed/typed name of DVM** **Date**

Clinic name: _____ **Clinic phone number:** _____