CanineTech Rehab
Canine Physiotherapy & Rehabilitation

1601 River Rd E, Unit 30A
Kitchener, ON N2A 3Y4
Tel: 519-954-6000
Fax: 519-954-6002
www.CanineTechRehab.ca

Referral Form

Owner's name:	
Address:	Postal code:
Phone:	Cell:
Dog's name:	
Sex: M MN F FS	Date of birth:
Breed:	Colour:

☐ Rehabilitation/Physiotherapy program (applies to injured, post-surgical, arthritic, musculoskeletal, and neurological cases). *__Note:__ Assessment prior to treatment design and implementation will be provided by CanineTech Rehab.

Please provide diagnosis and pertinent medical history of condition afflicting the above mentioned patient:

Surgical and/or other procedures performed and date(s):

Medication(s):

Any concerns or contraindications to physiotherapy to the above mentioned patient?

Veterinarian's name (print): _____

Veterinarian's signature: _____

Clinic: _____

Date: _____