



Veterinary Information & Clearance Form

BACKGROUND

Veterinary Clinic:	Phone Number:	
Client Name:	Dog's Name:	Sex:
Breed/Color:	Weight:	D.O.B./Age

CASE HISTORY

Case History: Current or Presenting Problem

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

Surgical and/or other procedure performed and dates:

Medications:

Precautions or contraindications to canine physical rehabilitation to the above mentioned dog?
 No Yes. (please explain)

Any other pertinent information you would like to disclose:

DECLARATION

Canine Physical Rehabilitation/physio program (applies physiotherapy knowledge/skills to injured, post- surgical, arthritic, musculoskeletal, and neurological cases). Note: Assessment prior to treatment design and implementation will be provided by Sarah MacKeigan, Canine Rehabilitation Therapist

Please check - Owner Requested Dog Prehab/Rehab Services
 Vet Referral

This dog is a patient under my care and to the best of my knowledge is fit to receive canine rehabilitation treatment. I consent to the above animal having canine physical rehabilitation carried out by Sarah MacKeigan, MScPT
Canine Rehabilitation Therapist

Veterinarian (print): _____ Veterinarian's Signature: _____

Veterinary Clinic Stamp: _____ Clinic contact info/email: _____

Would you like receive assessment/progress reports: Y N

Thank you and I look forward to working with you.
Warmly, Sarah MacKeigan, MScPT, MBA
Canine Rehabilitation Therapist, Animal Rehabilitation Division of the Canadian Physiotherapy Association