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Porter's Lake
Nova Scotia
902-706-9313
info@upwarddogrehab.com
www.upwarddogrehab.com
https://livingwithdogswithdisabilities.thinkific.com

Veterinary Referral / Consent Form for Canine Rehabilitation

This form should be completed by a veterinary professional only. Please attach chart notes and submit by email.

Owner's Name and Contact Information: _____

Dog's Name/Breed/Color/D.O.B./Sex:

Canine Rehabilitation applies principles of physiotherapy to the canine client. Assessment and treatments may include: massage, laser therapy, PEMF, NMES, massage, myofascial release, manual therapy, acupuncture, wheelchair and other mobility aid fittings and education, therapeutic exercises, and home exercise prescription.

Reason for Rehab/Presenting Problem: _____

Clinical diagnosis, pertinent medical history of condition, pre-existing conditions, diagnostic tests, surgeries, or any other additional information relevant to the care of this patient:

Medications Prescribed: _____

Precautions or contraindications: _____

Any other pertinent information you would like to disclose:

Veterinary Clinic and Contact Information

Veterinarian's Signature: _____ Date: _____

Sarah MacKeigan, MBA, MScPT, Diploma in Canine Rehabilitation, Small Animal Neuroanatomical Acupuncture & Dry Needling Certification carries her own canine liability insurance. Please contact me (Sarah) via EMAIL with any questions or concerns. Thank you.