



**DOGS IN MOTION  
IN HOME CANINE REHABILITATION & WELLNESS  
Patti Triola, PT, CCRT**



**Website: [www.dogsinmotion.net](http://www.dogsinmotion.net)**

Phone: (847) 949-8455

Fax: (847) 949-8456

Mobile: (224) 430-3351

Email: [patpt1@sbcglobal.net](mailto:patpt1@sbcglobal.net)

**PRIMARY VETERINARIAN REFERRAL FORM**

Veterinarian: \_\_\_\_\_ Client's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Referring Veterinarian (if different from above): \_\_\_\_\_

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed / Neutered: \_\_\_\_\_ Weight: \_\_\_\_\_

Onset of condition: \_\_\_\_\_

Current and Pertinent Past Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vaccination Profile: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Restrictions and precautions: \_\_\_\_\_

Behavioral issues: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**Please complete and fax to 847-949-8456.**

I authorize Dogs in Motion, Canine Rehabilitation & Wellness to evaluate and treat on the above stated client for rehabilitation following any guidelines or restrictions that I have established.

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**Thank you for choosing Dogs in Motion**