



**MITCHELL ANIMAL HOSPITAL
CANINE PHYSICAL REHABILITATION CENTRE**

Patient Name: _____ Age: _____ Breed: _____
Colour/Markings: _____ Sex: _____

Client Name: _____ Phone Number: _____
Email Address: _____
Address: _____
City: _____ Prov. _____ Postal Code: _____

We have had a request, from one of your clients, to use our physical rehabilitation service for exercising the pet listed above. As this service does not include a physical assessment, could you please provide the following information:

Last Rabies vaccination date: _____

Is this pet capable of undergoing cardiovascular exercise? Yes / No

Would you like to receive progress reports for this patient? Yes / No

Please indicate below if there are any concerns about this pet participating in an exercise program.

Please email/fax completed form back to Mitchell Animal hospital.

Please note that patients coming from other clinics for exercise or physical rehabilitation programs will be referred back to you for any other veterinary services that may be required.

Referring Veterinary Clinic: _____
Veterinarian Signature: _____