



J.M. STUHLER-RAPHAEL DVM CVA

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REFERRING VETERINARIAN'S FORM

TODAY'S DATE:

REFERRING VETERINARIAN:

BUSINESS NAME AND ADDRESS:

PHONE:

FAX:

EMAIL:

PREFERRED METHOD OF CONTACT:

REFERRING VETERINARIAN SIGNATURE:

CLIENT NAME:

CELL PHONE:

EMAIL:

PATIENT NAME:

AGE:

BREED:

SEX (SPAYED/NEUTERED):

WEIGHT:

(lbs)

DIAGNOSIS/DIFFERENTIAL DIAGNOSES:

INJURY DATE:

SURGERY DATE:

SPECIAL CARE INSTRUCTIONS / HANDLING PRECAUTIONS:

MEDICATIONS & SUPPLEMENTS:

MEDICATION ALLERGIES:

RABIES VACCINE COMPLIANT (YES/NO):

SERVICE REQUEST:

Explain in a few sentences why you are referring this patient:

Where useful, select your service requests from the following list:

- Physical therapy using our recommended modalities for the following condition(s):
- Cryotherapy
- Heat therapy
- Therapeutic exercise
- Controlled exercise for weight reduction and control
- Hydrotherapy using underwater treadmill
- Weight bearing or weight shifting exercise
- Passive range of motion assessment and manipulation
- Acupuncture
- Class IV laser therapy
- Other specific physical therapy modalities: