



KATHRYN CARLSON, DVM

AQUAPAWS REFERRAL REQUEST AND INFORMATION FORM

Patient Name: _____ Date: _____

Client Name: _____ Phone: _____

Referring Veterinarian: _____ Hospital: _____

What are your goals for Physical Rehabilitation: _____

Working Diagnosis: _____

Medical History: _____

Is there any reason that this patient should not participate in cardiovascular exercise (i.e. under water treadmill)? _____

Other precautions: _____

Date of next scheduled follow-up visit with referring veterinarian: _____

For Canine Conditioning Program Referral Only:

Goal Body Weight: _____

Result of thyroid panel: _____

Recommended diet: _____

Referring Veterinarian Signature: _____

Please feel free to contact us at 760-564-3833. All Aquapaws rehabilitation services are supervised by Dr. Carlson.