

**Rehabilitation Service Referral Form**  
**UNIVERSITY OF MINNESOTA**  
**VETERINARY MEDICAL CENTER**  
1365 Gortner Ave, St. Paul, MN 55108

**Kimberly Colvard, BS, CVT, \*CCRP**  
**Mara Smith-Boyde, BS, CVT, \*CCRP**  
**Wanda Gordon-Evans, DVM, PhD, DACVS, DACVSMR, Director**

**Local: 612-626-8387 Fax: 612-624-8779**  
\*Certified Canine Rehabilitation Practitioner

Date: \_\_\_\_\_

Client Name: _____	Phone: _____	Email: _____
Address: _____	City: _____	State: _____ Zip: _____
Patient Name: _____	D.O.B.: _____	
Breed: _____	Sex: _____	Color: _____ Weight: _____ kgs. / lbs.

**Referring Veterinarian, please complete the following:**

Referring Veterinarian Name: _____	Clinic: _____
Address: _____	City: _____ State: _____ Zip: _____

Program to which patient is being referred:

- Physical Rehabilitation  Exercise / Conditioning

Reason for referral / Working Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History / Medical Condition (s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Diagnostics: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatments / Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information regarding this case: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**As Referring Veterinarian, I understand that I remain the primary care provider.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Animals referred to rehabilitation are not assessed by a veterinarian unless requested. If this is requested, please refer to the appropriate service (i.e. orthopedic or neurology service). If authorizing rehabilitation, please choose from the treatments below to authorize use in this patient:

- Treatment for HIP abnormalities including:
  - Land/Underwater treadmill
  - Land exercises
  - Therapeutic laser
  - Therapeutic ultrasound
  
- Treatments for STIFLE abnormalities including:
  - Land/Underwater treadmill
  - Land exercises
  - Therapeutic laser
  - Therapeutic ultrasound
  
- Treatments for TARSUS abnormalities including:
  - Land/Underwater treadmill
  - Land exercises
  - Therapeutic laser
  - Therapeutic ultrasound
  
- Treatments for SHOULDER abnormalities including:
  - Land/Underwater treadmill
  - Land exercises
  - Therapeutic laser
  - Therapeutic ultrasound
  
- Treatments for ELBOW abnormalities including:
  - Land/Underwater treadmill
  - Land exercises
  - Therapeutic laser
  - Therapeutic ultrasound
  
- Treatments for CARPUS abnormalities including:
  - Land/Underwater treadmill
  - Land exercises
  - Therapeutic laser
  - Therapeutic ultrasound
  
- Treatments for TENDON abnormalities including:
  - Land/Underwater treadmill
  - Land exercises

Therapeutic laser  
Therapeutic ultrasound

- Treatments for NEUROLOGIC abnormalities including:
  - Land/Underwater treadmill
  - Land exercises
  - Therapeutic laser
  - Therapeutic ultrasound
  - Assisted standing

- Whole Body Conditioning

Special requests or exercise restrictions \_\_\_\_\_

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Region of concern

- Hip
- Stifle
- Tarsus
- Shoulder
- Elbow
- Carpus
- Spine
- Neurologic
- Tendinopathy
- Conditioning
- Specific request\_\_\_\_\_

Rehabilitation treatments might include:

- Underwater treadmill with or without incline
- Land treadmill
- Land exercises
- Joint range of motion exercises
- Therapeutic ultrasound
- Therapeutic laser
- Shockwave