



CANINE WATER TREADMILL REFERRAL FORM

Referring Veterinarian

Dr. _____ Clinic: _____

Owner

Name: _____ Phone: _____

Pet

Name: _____ Species: Canine Feline

Breed: _____ Age: _____ Gender: F S M N

Medications: _____

Other concurrent therapies: Acupuncture Chiropractic Hydrotherapy Physiotherapy

Other: _____

Problem areas (also highlight main areas of concern on next page on body map):

Please include known injuries, surgical procedures, congenital defects, etc.

Current pain score (as per Colorado State University Scale): 1/4 2/4 3/4 4/4

Goals for Water Treadmill Therapy:

If patient has had recent surgery, is the incision fully healed, sutures/staples removed and skin waterproof?

YES

NO

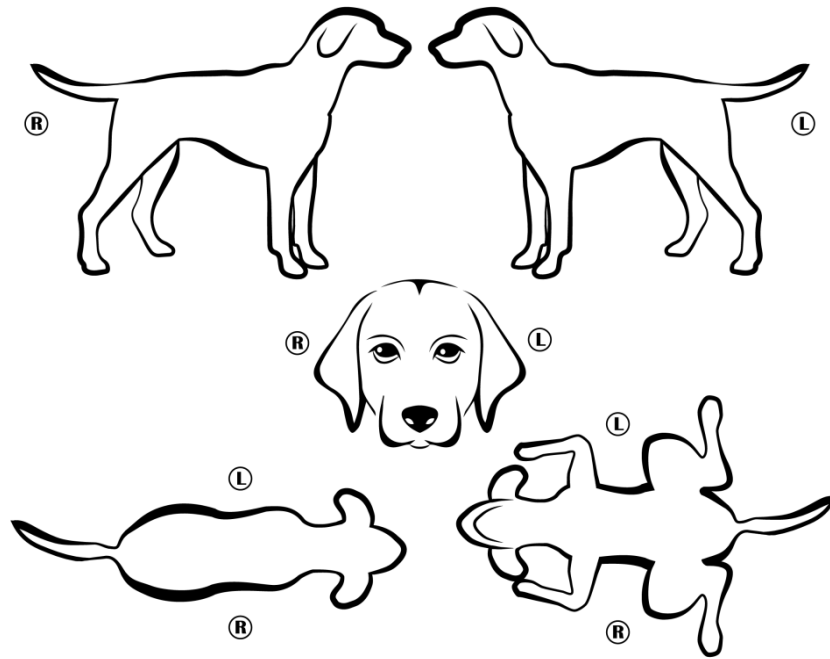
Is there anything in this patient's known medical history that would contraindicate laser therapy?

YES

NO

Referring Veterinarian's Signature: _____

Canine body map



Body maps adapted from Dr Sue Ettinger's website drsuecancervet.com