CANINE AND FELINE INTEGRATIVE THERAPIES REFERRAL FORM

Date: _____

Referring Veterinarian:

Dr._____ Clinic: _____

Owner:

Name: _____ Phone: _____

Email: _____ Address: _____

Pet:

Name: _____ Species: ☐Canine ☐Feline

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

Problem areas (also highlight main areas of concern on next page on body map): *Please include known injuries, surgical procedures, congenital defects, etc.*

_____

_____

_____

_____

_____

Medications: _____

Current Integrative Therapies: ☐ Hydrotherapy ☐Chiropractic (VSMT) ☐ Physiotherapy ☐Laser Therapy

☐ Acupuncture ☐ Other: _____

Current Pain Score *(as per Colorado State University Scale)*: ☐1/4 ☐ 2/4 ☐ 3/4 ☐ 4/4

Goals for Integrative Therapies:

_____

_____

_____

_____

_____

_____

Is there anything in this patient's known medical history that would contraindicate integrative therapies?

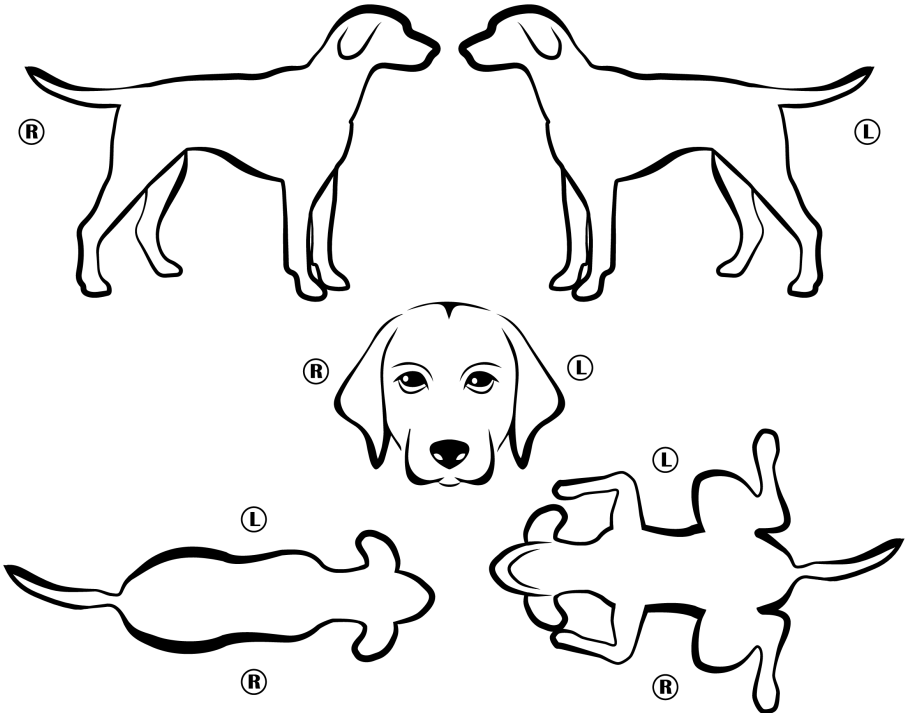
☐ YES, _____ ☐ NO

Integrative Therapy Treatment Requested:

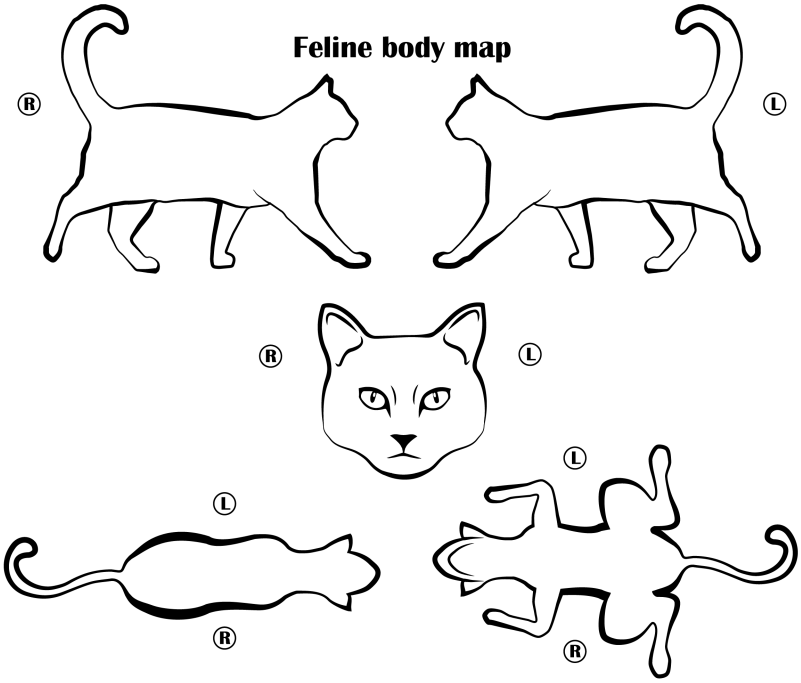
- ☐ **Initial Treatment Plan Discussion**
    - An 'Initial Treatment Plan Discussion' with Dr. McKay will provide an evaluation of your pet's history and lifestyle to identify treatment goals and develop a plan.
- ☐ **Laser Therapy**
- ☐ **Veterinary Spinal Manipulation Therapy (VSMT)**
- ☐ **Acupuncture**
- ☐ **Hydrotherapy (ONLY at Carleton Veterinary Services)**

Referring Veterinarian's Signature: _____

Canine body map



Feline body map



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