 MAR Animal Rehab 

via Mindy Mar DC, DACBSP, ISCS, CAC, CCRP

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**Veterinary Referral Form**

Date:

Client Name:

Client Phone: E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog/Cat Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Veterinarian:

Veterinary Hospital:

Phone: Email:

Pet’s Diagnosis:

Date of Onset:

Client is requesting one or more or the following treatments. Please check all you approve:

 \_\_\_\_ Physical Rehabilitation/Therapeutic Exercises

 \_\_\_\_ Physiotherapy (e-stim, therapeutic ultrasound, k-taping)

 \_\_\_\_ Chiropractic Care (Activator or Manual Adjustment)

 \_\_\_\_ Class 4 Therapeutic Laser Therapy

Medical or surgical history:

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

Medications/Supplements:

**Referring Veterinarian Name:**

**Referring Veterinarian Signature:**

*Please email completed form to:* *drmar@marchiropractic.com*

*\*Dr. Mar works under DVM supervision when performing chiropractic care*