



399 Pembina Highway
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headtotailrehab@gmail.com

Head to Tail Pet Rehabilitation Veterinary Referral Form

Please complete the referral document in its entirety.

Please select one:

- General Rehabilitation Referral
- Acupuncture ONLY
- Shockwave Therapy ONLY
- Custom Bracing ONLY

Referring Veterinarian

Name:

Clinic Name:

Clinic Phone number:

Owner Information

Name:

Address:

Phone Number:

Email:

Patient Information

Name:

Breed:

Age:

Sex:

Spayed/Neutered?

Medical History

Primary diagnosis:

Relevant past Diagnoses:

Injury or Surgical date:

Current medications:

Other Medical Conditions:

rDVM/Surgeon Prognosis:

rDVM/Surgeon Plan:

Current therapies, if any:

Special Considerations:

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Special Considerations:

Please note the following:

Once the veterinary referral is received your client will be sent an online intake form to be filled out, upon completion the practitioners will discuss the case and delegate accordingly.

Upon completion of the referral form please email pertinent medical records and diagnostics, including radiographs to headtotailrehab@gmail.com.

Veterinary Signature:

Date:
