Healing Hearts

MOBILE ANIMAL REHABILITATION SERVICE INC.

519.883.7878
healingheartsrehab@gmail.com
www.healingheartsrehab.ca

To be completed by the referring veterinarian. Please send the completed form via email to healingheartsrehab@gmail.com.
Any questions? Please call us at @519-883-7878.

Client Referral Form

Date

Client Name

Patient Name

Breed

Sex (✓ One)

☐ Male ☐ Female

Spayed/Neutered?

☐ Yes ☐ No

Colour

Age

Date of Last Rabies Vaccination

Weight

Medical History

Name of Referring Veterinarian/Clinic

Date of Surgery/Injury

Reason for the Referral

Special Instructions or Precautions?

Dates the owner is available for consultation?

Medical History Cont.

Frequency and duration of treatment required?

Has the pet received rehab treatments before?

☐ Yes ☐ No

If so, where and what services were performed?

What is still affecting the patient? What are we hoping to treat?

Allergies?

Current Activity Level of Patient? (✓ One)

☐ Poor ☐ Fair ☐ Good ☐ Excellent

Any other previous surgeries? If so, when and what for?

Any other comments or concerns?

Is the client capable and compliant to do at-home exercises and treatment as directed by our team?

☐ Yes ☐ No

Healing Hearts Mobile Animal Rehab offers a variety of services, please check off which services you would like for us to include in the patient's treatment plan:

☐ **General Evaluation**	☐ **Massage**	☐ **Therapeutic Exercise**
☐ **Cryotherapy**	☐ **Thermotherapy**	☐ **Joint Mobilization**
☐ **Gait Analysis and Assessment**	☐ **Ultrasound Therapy**	☐ **E-Stim Therapy**
☐ **Pain Assessment and Reduction**	☐ **Magnetic Therapy**	

☐ **Other:** _____

_____

By signing below, you acknowledge that all the information above (2-pages) is correct to the best of your ability and knowledge. You also acknowledge that the client has been informed that they are being referred to us and is compliant with listening to all treatment options. The client has been informed of our zero-tolerance policy for verbal and physical abuse against all staff members and patients in our facility. They have also been informed that they are responsible for any incurred fees via treatment and consultation unless under a contracted clinic in which payment is to be taken by the referring clinic and Healing Hearts is to be paid by the clinic as a vendor. Consultations do not entitle the client to receive long-term care with us, and only after payment has been received will services be provided. Thank you for the referral! We will be in contact shortly after submission. Please allow us 24-48 hours to respond to all referral requests.

_____ _____

Referring Veterinarian Signature **Date**