



Wilmington Animal Fitness & Rehabilitation Center

at Needham Animal Hospital

3720 Federal Park Drive

Wilmington, NC 28412

910-398-6436

Referral Form

Referring veterinarian/hospital: _____

Hospital telephone number: _____ Hospital Fax number: _____

Client name: _____

Client home phone number: _____ cell: _____ work: _____

Client address: _____

Patient's name: _____ Species: _____

Breed: _____ Sex: _____ DOB: _____ Weight: _____

Medications and dose: _____

Patient history, diagnosis and clinical condition: _____

_____ Onset/Sx date: _____

Radiographs/lab work performed: _____

Special instructions/precautions: _____

PLEASE SEND LAB WORK, RADIOGRAPHS, AND VACCINATION/INTESTINAL PARASITE EXAM HISTORY VIA FAX OR EMAIL WITH THIS REFERRAL FORM.

The Certified Canine Rehabilitation Practitioner will contact you via phone following the initial evaluation. The standard policy of WILMINGTON ANIMAL FITNESS & REHABILITATION CENTER is to send clients back to the referring veterinarian for continued care following rehabilitation procedures. Please indicate any additional expectations or requests you may have of the CCRP.

Based on the patient history, radiographs and diagnosis, I have determined the above-listed patient to be an appropriate candidate for rehabilitation and physical therapy.

DVM Signature: _____ Date: _____

PLEASE FAX OR EMAIL TO DIANNE LOGAN, RVT, CCRP

FAX NUMBER: 910-799-8333 EMAIL: dlogan@needhamanimal.com