

Pine Woods Animal Hospital

Phone: (716) 695-7836

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Hospital and Wellness Center
570 East Robinson Street
North Tonawanda NY, 14120

Surgery and Rehabilitation Center
66 Mead Street
North Tonawanda NY, 14120

Veterinary Referral Form for Physical Rehabilitation/Conditioning

Referring Veterinarian/Clinic: _____ Date: _____

Clinic Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Preferred method of correspondence Phone Email Fax Mail

Patient Information

Owner's Name: _____ Phone: (____) _____

Owner's Address: _____

Patient's Name: _____ Age: _____ Species: _____ Weight: _____

Breed: _____ Sex: Male Female Intact Spayed/Neutered

Current on Vaccinations Yes No

Diagnosis/Reason for Referral: _____

Type of Surgery and Date (if applicable): _____

List of Medications: _____

Preexisting Conditions: _____

A treatment plan will be individualized based on each patient's needs. Treatment plans may include all or some of the following: Laser Therapy, Underwater Treadmill, Electrical Stimulation, Acupuncture, and in hospital/home therapeutic exercises.

Please list any concerns about above therapeutic options: _____

Referring Veterinarian Signature: _____ Date: _____

* Please send or fax a copy of vaccine records, recent lab work, radiographs, and pertinent patient history. Non-digital radiographs will be returned promptly.

* If you have any questions, please contact Aubri Matroniano DVM, CCRT at (716) 695-7836.

For veterinary referral patients: You have been referred by your veterinarian to Pine Woods Animal Hospital Surgical and Rehabilitation Center for rehabilitation or conditioning purposes only. In order to uphold a professional relationship with your veterinarian, we are unable to perform any routine veterinary care for your pet. We ask that you return to your veterinarian for follow-up care. We will update your veterinarian on all findings and treatments performed.

I have read and agree to the above policy.

Owner's Signature

Date