

Pine Woods Animal Hospital

Phone: (716) 695-7836
Hospital and Wellness Center
570 East Robinson Street
North Tonawanda NY, 14120

Fax: (716) 695-7837
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

*Note: As of 2/20/18 - Rabies, DHPPV, and Bordetella are required to participate in the In-hospital Rehabilitation Program. If the patient is not current on these vaccines, they will be offered during the consult. Exceptions may be made for patients with history of severe vaccine reactions or in immuno-compromised patients with an exemption note from the referring veterinarian.

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.