Referral Form- Enhanced Bodywork

Our Enhanced Bodywork Sessions are performed by a licensed Veterinary Technician with extensive experience in canine rehabilitation. Due to the medical nature of this service, all new patients must receive clearance from their Primary Care Veterinarian before scheduling their first appointment.

Patient Name _____DOB/Age _____Breed _____

Sex: Male ☐ Female ☐ Status: Spayed ☐ Neutered ☐

Vaccination Status: Distemper Due :_____ Rabies Due:_____

FVRCP Due if feline: _____ FELV Due if feline: _____

Client: Name (Last, First): _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Reason for Referral/Medical Conditions:

_____
_____

Additional Information:

_____
_____

By providing this referral, you as the referring Veterinarian are confirming this patient is in an appropriate condition, at the time of your evaluation, to receive the prescribed service(s). The patient may not be seen by a Veterinarian at Thera-Vet. Services will be performed by a Licensed Veterinary Technician with experience/certification in rehabilitation. At the discretion of the Technician, they may recommend/require that a Veterinarian at Thera-Vet evaluate the patient prior to services being performed.

Referring Veterinarian (Name and Hospital address): _____

Phone: _____ Email: _____

Referring Veterinarian Signature: _____ Date: _____

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