Dr. Emily Wernecke PT, DPT, CCRT
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p: (540) 599-3941
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To be filled out by owner:

Owner's Name:

Patient's Name:

Patient's Age:

Owner's Contact Information: **phone:** _____

email: _____

To be filled out by referring veterinarian :

Physical Therapy Referral

☐ Evaluate and Treat

Patient Diagnosis:

Surgical History (if applicable):
☐ TPLO ☐ FHO ☐ IVDD ☐ Fracture Repair ☐ Other: _____

Date of Surgery (if any): _____

Contraindications and/or comorbidities: _____
_____

Other notes or special instructions: _____
_____
_____
_____

Authorization and Signature:

I refer this patient to physical therapy and authorize the physical therapist to evaluate and treat the patient as medically appropriate. Please keep our clinic informed of treatment progress.

Signature of Referring Veterinarian: _____ **Date:** _____

Clinic Name: _____