Veterinary Sports Medicine and Rehabilitation (VSMR) Referral

Owner’s Name: ____________________________________________________________

Pet’s Name: ______________________________________________________________

Phone Numbers: Home_____________________________________________________

Work _________________________ Cell __________________________

Referring Veterinarian: ______________________________________________________

Contact Phone Number: ____________________________________________________

Fax: __________________________ E-mail: _________________________________

Preferred method for contact: _____________________________________________

The patient is referred for (please check one):

___ Rehabilitation
___ Weight Loss
___ Fitness/Conditioning

Previous Diagnosis _______________________________________________________

Precautions/Special Considerations:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Recent medical history:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In accordance with the State Practice Act of Texas, as the attending veterinarian, I have determined that rehabilitation will not likely be harmful to the patient.

Referring Veterinarian’s Signature ___________________________ Date ______________

***Please send radiographs, copies of lab work, operative reports and any other pertinent information.

Thank you for your referral. Please call 979-845-2351 with any questions or concerns. Owners may call 979-845-2351 to schedule first rehabilitation appointment.