



Happy Paws Canine Rehabilitation LLC
Mobile Pet Physical Therapy

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Physical Therapy Referral Form

Client Information:

Name: _____

Phone #: _____

Patient: _____

Breed: _____

Age: _____ Sex: _____

Diagnosis or surgical procedure:

Precautions/contraindications:

Other pertinent medical conditions:

Medications:

Veterinary Clinic: _____

Referring Vet: _____

rDVM Signature: _____

Date: _____

By making this referral, I (the referring DVM) am providing medical clearance for a canine rehabilitation evaluation to be made.

(4) Physical therapy of animals. (a) A physical therapist is authorized to perform physical therapy of animals when the physical therapy of animals is consistent with the scope of physical therapy practice. In recognition of the special authority granted by this subsection (4), the performance of physical therapy of animals in accordance with this subsection (4) shall not constitute the practice of veterinary medicine, as defined in section 12-315-104 (14), nor shall it be deemed a violation of section 12-315-105.

(b) In recognition of the emerging field of physical therapy of animals, before commencing physical therapy of an animal, a physical therapist shall obtain veterinary medical clearance of the animal by a veterinarian licensed under article 315 of this title 12.