



(253) 254 - 5333

info@southsoundk9rehab.com

southsoundk9rehab.com

Clinic Name: _____

Phone: _____ **Email:** _____

Client: _____ **Pet:** _____

Please include all medical information for this pet, including current and past medical conditions, medications, diagnostic testing, and any other pertinent information. Please send referral and chart notes to info@southsoundk9rehab.com.

Diagnosis/Surgical Procedure:

Current Medications:

Precautions/Contraindications:

Other Medical Conditions:

Other pertinent information:

Veterinarian Signature

Date
