



1. Veterinary Clinic:

Client Cell Phone:

Client Name:

Pet Name:

We ask you to please include all pertinent medical information including medication profile, pre-existing conditions, diagnostic tests, or any other additional information relevant to the care of this patient.

2. Diagnosis/Surgeries:

3. Precautions/Contraindications:

4. Other Medical Conditions:

5. Medications:

Per Rule 573.14 of the Texas Administrative Code, the supervising Veterinarian will have established a veterinarian/client/patient relationship and determined that rehab services (an alternate therapy) under general supervision will not likely be harmful to the patient.

6. Supervising Veterinarian Printed Name

Supervising Veterinarian Printed Name

Supervising Veterinarian Signature

Date