

The Canine Fitness Centre Ltd.

4515 Manhattan Rd SE, Calgary, Alberta, T2G 4B3

Phone (403) 204-0823 Fax (403) 204-0609

MEDICAL INFORMATION / REFERRAL FORM

Owner's name:	
Address:	Postal Code:
Phone:	Cell:
Dog's name:	
Sex: M MN F FS	Date of birth:
Breed:	Colour:
<input type="checkbox"/> Rehabilitation/physical therapy program (applies to injured, post-surgical, arthritic, musculoskeletal, and neurological cases). * Note: Assessment prior to treatment design and implementation will be provided by CFC staff.	
Please provide diagnosis and pertinent medical history of condition afflicting the above mentioned patient:	
Surgical and/or other procedures performed and date(s):	
Medication(s):	
Any concerns or contraindications to physical therapy or hydrotherapy to the above mentioned patient?	
Veterinarian's name (print): _____	
Veterinarian's signature: _____	
Clinic: _____	
Date: _____	