



## PAWSITIVELY FIT CLUB

### VETERINARY REFERRAL FORM

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_ Date Last Rabies Vaccine Was Given: \_\_\_\_\_

Referring DVM: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_ Fax: \_\_\_\_\_

Does this pet have any history of arthritis, lameness or orthopedic surgery? YES / NO

If YES, please describe:

Does this pet have any history of cardiac disease? YES / NO

If YES, please describe:

Does this pet have a history of aggression to people or other dogs? YES / NO

Please sign below acknowledging that:

- To the best of my knowledge, I find no apparent clinical signs of illness nor any contraindications for recreational exercise at this time.
- This pet has no known past medical conditions that would preclude exercise.
- I understand that this program is for recreational use only and is **not** intended to have any therapeutic benefit.

Signature of DVM: \_\_\_\_\_

**Please provide current vaccine certificate**

**via fax (610.865.4190) or email (info@animaltherapycenter.com)**

