



**CANINE & CONDITIONING
REHABILITATION GROUP**

Vet Name: _____

Clinic: _____

Owner Name: _____

Dog Name: _____

Diagnosis:

Pre-existing Conditions:

Precautions:

Services Recommended:

- Physical rehab evaluation and treatment
- Hydrotherapy
- Massage
- Stretching
- Electrical stimulation
- Strengthening or Conditioning
- Acupuncture
- Education - owner instruction

Notes:

Desired Outcome of Treatment:

- Restore range of motion
- Improve function
- Improve strength/condition
- Weight reduction
- Decrease arthritis pain/discomfort
- Owner knowledge/understanding

Notes:

Vet/DVM Signature: _____

Date: _____