Animal Medical Clinic
4655 Research Park Blvd., Huntsville, AL 35806
Phone: (256) 837-9700 Fax: (256) 864-0868
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Veterinarians:
Sheri Fastenrath, DVM, CCRP
Katharine Kehrt, DVM
Rhonda Buxton, DVM

Rehabilitation Referral

Patient: _____ Owner: _____
Species: _____D.O.B.: _____ Breed: _____
Sex: _____Color/Markings: _____

Vaccine History: _____
Medical History: _____
Primary Diagnosis: _____Confirmed Tentative
Prognosis Offered: _____
Concurrent Medical Conditions: _____
_____
Current Medications/Treatments: _____
_____

Reason for Referral:

Musculoskeletal/Arthritis	Neurological	Athletic Conditioning
Post-Operative Therapy	Obesity Management	Pain Management

Goals of Treatment:
Special Considerations/Precautions: _____

Please send all bloodwork, radiographs and other diagnostics along with this form. Please email or fax the information ahead of time if possible.

Referring DVM's Name: _____
Hospital: _____
Address: _____
Phone: _____ Fax: _____
Email:_____