



33757 Lake Road • Avon Lake, OH 44012  
Ph: (440) 933-0100 • FAX: (440) 933-3258  
www.upandrunningrehab.com

**Canine Rehabilitation**

Julie Letosky DVM, CCRP • Kimberly Huppe DVM, CCRP, CVA

**Rehabilitation Referral Information**

---

Referring Veterinarian: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Client Phone(s): \_\_\_\_\_

Canine  Feline Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Reason for Referral/Goals of Rehabilitation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous Surgery/Treatments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other Pertinent Medical History/Current Medications:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please List Any Known Restrictions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_