



Rehabilitation & Wellness Center  
At Rose City Veterinary Hospital  
2695 E. Foothill Blvd  
Pasadena, CA 91107  
Phone: 626.796.8387 Fax: 626.796.9251

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_

Surgical Procedures: \_\_\_\_\_

Treatments/Medications: \_\_\_\_\_

Referred for (please initial all that apply):

Rehabilitation Services / Evaluation and Treatment \_\_\_\_\_

Underwater treadmill, range of motion, proprioceptive exercises

Weight Loss Program \_\_\_\_\_ Recreational Swimming \_\_\_\_\_

Acupuncture Services \_\_\_\_\_ Cold Laser Therapy \_\_\_\_\_

Pulsed Signal Therapy \_\_\_\_\_ E-Stim \_\_\_\_\_

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Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Referring Doctor: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

**Referrals must be submitted prior to the appointment, either by fax  
or brought in by the client on their appointment day.  
Phone consults are welcomed and encouraged.  
Please have the client call to make an appointment. Thank you.**