

# VRO CONDITIONING PATIENT REFERRAL



300 E. Wilson Bridge Rd.  
Worthington, Ohio 43085  
(614) 431-6150  
FAX (614) 431-6151  
[www.vetrehabohio.com](http://www.vetrehabohio.com)

Please note: Completion of this form authorizes **VRO** to only perform conditioning exercises on this pet. Clients seeking any other services will be redirected to the referring doctor.

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

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

Evening Telephone: (    ) \_\_\_\_\_ email\*: \_\_\_\_\_

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

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

Breed: \_\_\_\_\_ Sex:  M  MC  F  FS Age: \_\_\_\_\_

**I, the below signed veterinarian, certify that this dog has had a physical examination within the past 12 months and that he/she has no known health problems that would endanger him/her during conditioning activities.**

\_\_\_\_\_  
signature

**Please List Any Restrictions:**

