

Vet Name:

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 strength/condition Weight reduction Decrease arthritis pain/discomfort Owner knowledge/understanding	Clinic:
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Date:	