

# South Hills Physical Therapy Clinic

## Small Animal Physical Therapy & Rehabilitation

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Owners Name \_\_\_\_\_

Pets Name \_\_\_\_\_ Dog / Cat F / M Age \_\_\_\_\_

Diagnosis \_\_\_\_\_

Precautions \_\_\_\_\_

## **PRESCRIPTION**

- Evaluate and treat as indicated
- Report initial findings and plan of care

### **MODALITIES AND PROCEDURES**

- Soft Tissue Mobilization
- Joint Mobilization
- Home Exercise Program
- Cranial-Sacral Techniques
- Visceral Techniques
- Other

### **DURATION (Please indicate)**

     6 Months         1 Year

Veterinarian: \_\_\_\_\_

Clinic \_\_\_\_\_

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

\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_