



PHYSICAL THERAPY REFERRAL

VCA Alameda East Veterinary Hospital
9770 E Alameda Ave, Denver, CO 80247
Phone: (720) 975- 2804 Fax: (720) 975-2854

Client Name: _____ Phone: _____

Address: _____

Patient: _____ Breed: _____ Sex: _____ Age: _____

Diagnosis: _____

Surgical Procedure (if any)/Date: _____

Medications: _____

Precautions/Contraindications: _____

Is there any reason this patient should not be allowed to participate in cardiovascular exercise (i.e, underwater treadmill, land treadmill, swimming)? NO YES, please explain:

Referring DVM: _____ Date: _____

Hospital: _____

Phone: _____ Fax: _____

Signature: _____

Please complete and fax to (720) 975-2854 or email to 688.referrals@vca.com along with relevant medical records. Please call if you have any questions at (720) 975-2804.