



Mountain Dog Rehab, LLC

Mary Mischke, PT, DPT
Board-Certified Clinical Specialist in Orthopedic Physical Therapy
Certified Canine Rehabilitation Therapist

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Referral Form

Date: _____ Pet's Name: _____

Name of Owner: _____

Owner Phone: _____ Owner E-mail: _____

Veterinary Clinic: _____

To be completed by Veterinarian:

Diagnosis:

Specific Instructions for Evaluation/Treatment:

Other Medical Considerations:

Check All That Apply

- Canine Rehabilitation Evaluation
- Treatment as appropriate
- Strengthening
- Stretching
- Balance/Gait training
- Home exercise program

Dr: _____ DVM