



Veterinary Referral for Rehabilitation and Massage Services

Veterinary Hospital: _____

Veterinary Phone: _____ Email: _____

Client Name: _____ Pet Name: _____

Diagnosis/Medical History: _____

Medications: _____

***Please email all relevant records including bloodwork, xrays and any other diagnostic**

imaging to ontherunrehab@gmail.com*

****Per Rule 573.14 of the Texas Administrative Code, the supervising Veterinarian will have established a veterinarian/client/patient relationship and determined that rehab and massage services (an alternate therapy) under general supervision will not likely be harmful to the patient. ****

Supervising Veterinarian's Name: _____

Signature: _____ Date: _____