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Pretreatment Referral for Canine Rehabilitation

In an effort to obtain accurate and current information regarding your pet's health, we require this form to be filled out and signed by your Veterinarian prior to your first visit with Black Dog Rehab.

Canine Name: _____ Age: _____ Breed: _____

Owner name: _____ Phone number: _____

To be filled out by Veterinarian:

Relevant Past Medical History:

Specific Concerns or Requests:

Our goal is to maintain an open line of communication with Veterinarians of dogs we treat. Please indicate your communication preferences.

Method of Communication:

- Email:
- Phone:
- Fax:
- Text:

Frequency of Communication:

- Every ____ visits
- Every ____ months
- Change of status

Canine Rehabilitation Services are authorized and supervised by the treating Veterinarian.

Veterinarian Signature

Date

Please sign and return by fax to: 406-222-4681, email to: info@406bdr.com or mail to BDR at:
315 South Main Street, Livingston, MT 59047