



Animal Emergency & Referral Center of Minnesota
1163 Helmo Avenue North
Oakdale, MN 55128
(651) 501-3766
www.aercmn.com

Sports & Strength Department Referral Form

Client: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Patient: _____

Breed: _____ Sex: _____ Age: _____ Weight: _____

Referring DVM / Clinic: _____

Clinical Condition: _____ Onset / Sx Date: _____

Special Instructions: _____

Current medications / Diet: _____

Plan: Evaluate and treat as appropriate

Perform the following specific modalities

Hot Pack

Gait Training

Cryotherapy

Massage

Ultrasound

Joint Mobilizations

Electrical Stimulation

Weight Bearing / Shifting

Therapeutic Exercise

Passive Range of Motion

Hydrotherapy

Neuromuscular Re-education

OTHER

DVM Signature: _____