



Animal Emergency & Referral Center of Minnesota  
1163 Helmo Avenue North  
Oakdale, MN 55128  
(651) 501-3766  
[www.aercmn.com](http://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: \_\_\_\_\_