

**Courtney Molino, RVT, CERP, EEBW, ESMT, CCMT, CCRA**

Equine Rehabilitation Practitioner

www.handsonhorsesmassage.com

cmolino@handsonhorsesmassage.com

(410) 446-8287

**REHABILITATION REFERRAL FORM**

Owner's Name:	Phone:
Horse's Name:	Breed:
Sex: M G S	Age:
Diagnosis (please be as specific as possible):	
Diagnostic Tests/Results:	
Concerns, Precautions, Contraindications?	
Medication(s):	
Surgical and/or other procedures and date(s):	
<p><i>As the referring veterinarian, I understand that I remain the primary care provider</i></p> <p>Veterinarian Signature: _____ Date: _____</p> <p>Veterinarian Name (please print): _____</p> <p><i>A written assessment of evaluation findings will be sent to you within 3 days of the animal's evaluation. Progress notes will be sent periodically. Please do not hesitate to contact me at any time for more information on the specific rehab protocol.</i></p>	