



## **Paws In Motion Canine Rehabilitation Center Referral Checklist**

Thank you for trusting us to provide rehabilitation services to your patient. We understand that your time is valuable and we aim to make this referral process as easy as possible. We have provided the checklist below for your convenience.

**🍏 Please print and complete the following forms:**

- Referring Veterinarian Covenant
- Patient Referral Form

**🍏 Provide your client with a copy of the above forms once completed.**

**🍏 Attach an updated copy of the patient's current vaccinations.**

- Required vaccinations include:
  - Rabies
  - Distemper/Adenovirus/Parvovirus
  - Leptospirosis
  - Bordetella
  - Canine Influenza
- If the patient cannot receive any of the required vaccinations due to a medical condition, the referring veterinarian may waive the vaccine and must provide medical documentation.
- If your hospital does not carry one of the required vaccinations and there is no medical condition preventing the patient from receiving the vaccine, Paws In Motion will provide this service at the time of their Initial Assessment.

🍏 **Attach a copy of the patient's recent medical history regarding any pertinent diagnoses that may affect their rehabilitation therapy plan.**

🍏 **Fax or E-mail all of the above to Paws In Motion Canine Rehabilitation Center to complete your referral. The client may now call to schedule their Initial Assessment.**

○ Fax: 704.786.0026

○ E-mail: [PawsInMotion@FosterAnimalHospital.com](mailto:PawsInMotion@FosterAnimalHospital.com)