

# *Equine Rehabilitation Services, LLC*

603-566-6561

## **Equine Physical Therapy Referral Form**

Horse Owner's name: \_\_\_\_\_

Name of Horse: \_\_\_\_\_

Diagnosis or Problem: \_\_\_\_\_

\_\_\_\_\_

Please check the following:

Evaluate and Treat.

Specific Treatment of \_\_\_\_\_

Other \_\_\_\_\_

Evaluation Only: Please send results of findings with suggested rehab treatment before continuing care.

Clinic Address \_\_\_\_\_

Phone \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_

Please send to:

**Equine Rehabilitation Services, LLC.**

23 Dupaw Gould Rd.

Brookline, NH 03033

A written assessment of my evaluation findings will be sent to you with in 10 days.

**Thank you for your referral!**

Jennifer Brooks PT., MEd., CERP

*Equine Physical Therapist*