



Physiotherapy & Rehabilitation Request Form

Steven Zinderman, DVM, CCRT, CVPP

Date: _____

Referring Veterinarian Information

Doctor: _____ Hospital/Practice: _____

Address: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Client/Patient Information

Client Name: _____ Primary Phone: () _____

Patient Name: _____ Date of Birth: ____/____/____ Weight: ____ Sex: M/F Neutered? Y N

Species: _____ Breed: _____ Color: _____

Referred for/Diagnosis: _____

*****Please attach/enclose pertinent medical records, laboratory data and radiographs*****

History (Including Surgery):

Laboratory and Radiographic Data:

Special Instructions or Treatments Preferred:

Treatment plans are custom tailored to a patient's needs for optimum recovery. If there is a specific therapy you would like utilized or avoided, please note that below.

Comfort Care is located on the north side of Michigan Avenue just west of Haggerty Road and Exit #22 on I-275 in Canton. Located inside of Advanced Veterinary Care Group building. (In the same office complex as the Choice Urgent Care building).

41740 Michigan Avenue, Canton, Michigan 48188 * PH: (248) 429-9866 * Fax: (734) 713-1301 * www.comfortcarevet.com