Augusta K9 Center
460 Commerce Road, Staunton, Va. 24401
Phone: (540) 688-3971, Email: info@augustak9center.com
Augustak9center.com

Date_____

Veterinarian _____ **Client Name** _____

Practice _____ Phone _____

Phone _____ Address _____

E-Mail _____ _____

Patient Information:

Name _____ Date of Birth _____ Sex _____ Breed _____

Primary Diagnosis _____

_____

Medical Conditions _____

_____

Current Medications

- _____
- _____

Reason For Referral: Please note that all dogs 8 years or older require a referral prior to starting a swim program

Rehabilitation Services w/ CCRP	**vs.**	**Swim Services**
◯ Post-Operative Rehabilitation		◯ Geriatric Support
◯ Post-Injury Rehabilitation		◯ Weight Loss
◯ Functional Rehabilitation		◯ Conditioning/ Fitness
◯ Neurological		◯ Fun
◯ Arthritis/ Geriatric Support		◯ Arthritis

Special Considerations/ Precautions _____

_____

Veterinarian Signature _____ **Date** _____

Please remit this form by EMAIL info@augustak9center.com or have the client bring to first appointment.