



TEXAS A & M UNIVERSITY

College of Veterinary Medicine & Biomedical Sciences

Veterinary Sports Medicine and Rehabilitation (VSMR) Referral

Owner's Name: _____

Pet's Name: _____

Phone Numbers : Home _____

Work _____ **Cell** _____

Referring Veterinarian: _____

Contact Phone Number: _____

Fax: _____ **E-mail:** _____

Preferred method for contact: _____

The patient is referred for (please check one):

Rehabilitation

Weight Loss

Fitness/Conditioning

Previous Diagnosis _____

Precautions/Special Considerations:

Recent medical history:

In accordance with the State Practice Act of Texas, as the attending veterinarian, I have determined that rehabilitation will not likely be harmful to the patient.

Referring Veterinarian's Signature

Date

****Please send radiographs, copies of lab work, operative reports and any other pertinent information.*

Thank you for your referral. Please call 979-845-2351 with any questions or concerns. Owners may call 979-845-2351 to schedule first rehabilitation appointment.