



VETERINARY CLEARANCE FORM

REFERRING VETERINARIAN INFORMATION

Veterinarian's Name: _____

Veterinary Clinic Name: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

CLIENT INFORMATION

Full Name: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

PATIENT INFORMATION

Name: _____

Species: Canine Feline Other: _____

Breed(s): _____

Sex: Male Female Spayed/Neutered: Yes No

Date of Birth (Or Approx. Age): _____ Weight: _____

PATIENT MEDICAL HISTORY

Is the pet up to date on vaccinations? Rabies DHLPP Other: _____

History: Medical Conditions & Prior Injuries: _____

Current Medications/Treatments: _____

Medical Records/SOAP Notes: Will be emailed Client will bring None being sent
Lab Results: Will be emailed Client will bring None being sent
Diagnostic Images: Will be emailed Client will bring None being sent
Other Notes/Reports: Will be emailed Client will bring None being sent

REFERRAL DETAILS

Please note that Paws in Harmony offers canine conditioning and small animal bodywork only. We are NOT a rehabilitation program; we do not diagnose or treat injuries, illness, or disease. All dogs who require our services must provide written veterinary clearance. When concerns are noted, clients will be directed to seek appropriate care from their veterinarian and/or other professional care providers. If you have any questions, please feel free to contact us at harmony@pawsinharmonyNY.com or 315-945-5560. Thank you.

Referral is for which of the following services? Small Animal Bodywork Canine Conditioning

Reason(s) for referral: _____

At Paws in Harmony, our canine conditioning programs focus on improving strength, balance, proprioception, and flexibility. Can this pet safely participate in a conditioning program?

Are there any modifications that need to be made or precautions that should be taken during a bodywork session with this pet, or movements/exercises this pet should avoid when participating in a conditioning program?

Are there any areas you would like us to focus on during the bodywork session(s), or when designing a conditioning program for this pet?

How frequently would you like to be updated on this pet's progress?

Require a report after initial session Require a report after every session Update with a report when deemed necessary No reports required

In your professional opinion, is the above-named animal in a suitable state of health to undergo bodywork and/or conditioning? Yes No

By checking this box, I certify that I am the above-named referring veterinarian for this patient.

Referring DVM Signature: _____ Date: _____

**PLEASE FORWARD A COPY OF THE PATIENT'S
VACCINATION RECORDS. THANK YOU.**