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Pretreatment Referral for Equine Physical Therapy

In an effort to obtain accurate and current information regarding your horse's health, I require this form to be filled out and signed by your Veterinarian prior to your first visit with Peak Equine Rehab.

Equine Name: _____ Age: _____ Breed: _____

Owner Name: _____ Phone Number: _____

----- **To be filled out by Veterinarian:** -----

Relevant Past Medical History:

Specific Concerns or Requests:

My goal is to maintain an open line of communication with Veterinarians of horses I treat. Please indicate your communication preferences.

Method of Communication:

- Email:
- Phone:
- Fax:
- Text:

Frequency of Communication:

- Every ____ visits
- Every ____ months
- Change of status

Equine Rehabilitation Services are authorized and supervised by the treating Veterinarian.

Veterinarian Signature

Date