

**Rise Animal Wellness and Rehabilitation Referral  
Dr. Whitley Case, PT, DPT, CCRT, CERP  
402-327-1486**

Part 1 - Client Details					
Title		First Name		Last Name	
Address					
Home Phone		Cell Phone			
Email Address					

Part 2 - Patient Details					
Name		Species		Breed	
Color		Sex		Spayed/Neutered	
DOB		Age		Current on Rabies vaccine?	
Insurance Provider			Policy No.		

Part 3 - To be completed by Veterinary Practice				
Veterinary Clinic				
Referring Veterinarian				
Clinic Phone		Clinic Email		
Medical Diagnosis/ Reason for referral				
Current medication				
Other medical concerns (optional)				

RDVM Signature		Date	
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**Please scan and email this form to [wcase@riseawr.com](mailto:wcase@riseawr.com)**

**Veterinary exam documentation within the last 90 days is required prior to the initial rehabilitation exam. Please email all medical records including diagnostic imaging to [wcase@riseawr.com](mailto:wcase@riseawr.com). Thank you!**