

Equine Rehabilitation Services, LLC

Jennifer Brooks, PT, MEd., CERP
23 Dupaw Gould Rd.
Brookline NH 03033
603-566-6561

Rehabilitation Referral Form

Please check the following:

_____ Evaluation and Treatment.

_____ Evaluation only: Please send results of findings with suggested
rehab treatment before continuing care.

_____ Specific Treatment of _____

_____ Other _____

Horse Owners name: _____

Name of Horse: _____

Problem or diagnosis: _____

Signature: _____ phone _____

Clinic Address _____

Please call **672-9034** for fax machine to be **turned on**
or send to:

Equine Rehabilitation Services, LLC.

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Brookline, NH 03033

A written assessment of my evaluation findings will be sent.

Thank you for your referral!

Jennifer Brooks, CERP
Certified Equine Rehabilitation Practitioner