



**DOGS IN MOTION
IN HOME CANINE REHABILITATION & WELLNESS
Patti Triola, PT, CCRT**



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To request brochures and business cards for your facility, please complete the following and fax to 847-949-8456.

Your Name: _____

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Facility Fax Number: _____

Please provide us with the following quantities:

_____ Brochures _____ Business Cards _____ Brochure Holders _____ Card Holders

If you have any particular requests, such as a therapy demonstration or would if you would like to set up a time to meet and discuss the role of canine rehabilitation in veterinary medicine, please complete the section below:

Please provide us with the following:

_____ A Canine Rehabilitation Demonstration.

_____ A meeting to discuss my qualifications and the services that I can provide to help your patients.

_____ A meeting to discuss offering Dogs In Motion services within your facility

_____ Other: _____

Thank you for choosing Dogs in Motion