

VETERINARY REFERRAL FORM FOR HYDROTHERAPY



Hydrotherapy Centre

OWNER DETAILS

Name:

Address:

Post Code:

Contact Telephone No:

Email Address:

ANIMAL DETAILS

Name:

Breed:

Insured: Yes / No

Date of Birth:

Sex:

Insurance Company:

VETERINARY DETAILS (This section MUST be completed and signed by the dog's Veterinary Surgeon)

Veterinary Surgeon Practice:

Address:

Tel. No:

Email address:

Summary of the dog's injury/condition, areas of caution, comments etc.:

Heart murmur: Yes / No If yes grade of murmur:

Is the dog on medication, if so which medications?

IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO
HYDROTHERAPY TREATMENT - YES / NO (Please delete as appropriate)

IS THE OWNER AWARE OF THIS REFERRAL: YES /NO (Please delete as appropriate)

Veterinarian Signature:

Date:

/ /