

Veterinary Referral Form



Client Details:

Title: .....Surname: ..... Name: .....

Address: .....

Postcode: ..... Telephone No: .....

Dogs Name: ..... D.O.B: .....

Sex (N) : .....Breed description: .....

Referring Veterinary Surgeon: .....

Practice Name: .....

Address: .....

Postcode: ..... Email Address: .....

Telephone No: ..... Fax No: .....

Condition(s): .....

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Medication(s): .....

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Further clinical History attached: Yes / No relevant case history

Treatment preference: Pool / Aquatic treadmill / No preference

Notes :.....

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I confirm that the above named dog, in my opinion, is in a suitable state of health to undergo a course of hydrotherapy treatment. Also that no past condition will be compromised by the dog being allowed to swim:

Print name: ..... Signed: ..... Date:.....

