



## VETERINARY REFERRAL FORM

<b>CLIENT'S DETAILS</b>				
Name				
Address			Post Code:	
Telephone Number				
Email address				
<b>DOG'S DETAILS</b>				
Dog's name		Date of birth		Breed
Colour	Date of birth		Vaccination Expiry Date	
Sex	Neutered		Insured	
<b>VETERINARY DETAILS</b> (This section MUST be completed and signed by the dog's veterinary surgeon prior to any treatment)				
Veterinary Surgeon				
Practice				
Address			Post Code:	
Tel. No				
Email address				
<b>Summary of the dog's injury/condition, areas of caution, background, comments etc</b>				
<b>Is the dog on medication? If so please list details and dosages</b>				
<b>Is the dog seeing any other health care professional or alternative therapist e.g. physiotherapist, specialist vet. If so please give contact details:</b>				
<b>In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?</b>				
Vet's Signature .....			YES / NO	
Print Name .....			Date .....	