



VETERINARY REFERRAL FORM

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