

VET REFERRAL FORM

Owners Details

First Name: _____ Surname: _____

Street Address: _____

Suburb: _____ Postcode: _____

Phone No: _____ Email: _____

Dogs Details

Name: _____

Sex: Male / Female

Breed: _____

Date of Birth: _____

Colour: _____

Vaccination Date: _____

Referring Veterinary Details - This section MUST be completed and signed by your dog's Veterinary Surgeon

Veterinary Surgeon: _____

Name of Practice: _____

Street Address: _____

Suburb: _____ Postcode _____

Phone No: _____ Email: _____

Summary of your dog's surgery/injury/complaint, areas of caution and Veterinary treatment

Current medication, any pre-existing conditions / restrictions e.g.: diabetic, hyperthyroidism, epileptic etc.

In your opinion is the dog named above in a suitable state of health to undergo hydrotherapy and massage treatment:

Yes / No _____

Date: / /

Signature of Veterinary Surgeon