

## VET REFERRAL FORM

### Owners Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

### Dogs Details

Name: \_\_\_\_\_

Sex: Male / Female

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Colour: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_

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

Veterinary Surgeon: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

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