

**HYDROTHERAPY VET REFERRAL FORM** – Please complete this form in full, a signature is required from the referring vet. Either email or fax a completed copy back to us. [Duncan@caninehydrodevon.co.uk](mailto:Duncan@caninehydrodevon.co.uk) or Fax 01837 214 314

In order for us to allow hydrotherapy for this dog, we require veterinary permission and medical history for the dog. We require this permission and information for every dog we see. If you would like to discuss your client's request in more detail please contact The Retreat on 01837 318411.

Owner's Name:

Owner's Address:

Postcode:

Tel:

Dog's Name:

Date of Birth:

Breed:

Sex

Male

Female

Insured

Yes

No

**Veterinary Details (*this section must be completed and signed by the dog's veterinary surgeon*)**

Veterinary Surgeon:

Practice Name and Address:

Postcode:

Tel:

Summary of the dog's injury/condition, areas of caution, comments etc.

***A copy of the relevant case notes is required for each rehabilitation case.***

Rehabilitative Objective:

Are the dog's vaccinations up-to-date:      Yes              No

Does the dog suffer from any of the following?

Cardiac Problems              Yes              No

Skin Condition              Yes              No

Ear Condition              Yes              No

Epilepsy              Yes              No

Incontinence              Yes              No

Other

I believe the dog named above on Page 1 is of a suitable state of health to undertake:

Rehabilitation      Fitness Swim      Puppy Swim

Veterinary Surgeon's Name:

Signature:

Date: