

HYDROTHERAPY VET REFERRAL FORM – Please complete this form in full, a signature is required from the referring vet. Please email a completed copy back to us.
reception@caninehydrodevon.com

In order for us to begin hydrotherapy, 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 or 07711 492 689.

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:

PLEASE RETURN BY EMAIL TO: reception@caninehydrodevon.com;
The Retreat, Canine Hydrotherapy, Tavistock Road, Okehampton, EX20 4LR
www.caninehydrodevon.com; Tel: 01837 318411 / 07711 492689
NARCH Registered

Rehabilitation

Fitness Swim

Puppy Swim

Veterinary Surgeon's Name:

Signature:

Date: