

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. reception@caninehydrodevon.com or Fax 01837 214 314

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:

Rehabilitation Fitness Swim Puppy Swim

Veterinary Surgeon's Name:

Signature:

Date: