



VETERINARY CONSENT/REFERRAL FORM

OWNER'S DETAILS

Name:	
Address:	
	Post Code:
Home Tel:	Mobile:

DOG'S DETAILS

Name:	Sex:
Breed:	Date of Birth:
Vaccinated? YES/NO (dogs should be vaccinated unless contraindicated) Certificate Expiry Date:	

VETERINARY DETAILS (The following sections MUST be completed and signed by the dog's vet)

Referring Veterinary Surgeon:		
Practice:		
Address:		
		Post Code:
Tel:	Fax:	E-mail:

DETAILS AND DATES OF INJURY/CONDITION/SURGERY

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SPECIAL COMMENTS/AREAS OF CAUTION

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PLEASE GIVE DETAILS IF ON MEDICATION

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VET'S SIGNATURE

IN MY OPINION THE DOG NAMED ABOVE IS IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT

Signed..... Print Name..... Date.....

OWNER'S SIGNATURE

I/WE DECLARE THAT I/WE AM/ARE THE LEGAL OWNER(S) OF THE DOG NAMED ABOVE AND THAT THE INFORMATION SHOWN ON THIS FORM IS CORRECT.

Signed..... Print Name..... Date.....