



HYDROTHERAPY VETERINARY REFERRAL FORM

1. PET'S DETAILS

Animal's Name:	Insured:	
D.O.B:	Breed:	
Gender:	Neutered:	
Last Vaccination:	Last Worming:	
Any cardiovascular concern:	Any skin conditions:	
Condition requiring hydrotherapy / details of any surgery carried out / medication / relevant medical history:		
Any behavioural concerns:		

2. OWNER'S DETAILS & AUTHORISATION

Owner's Name:
Owner's Address:
Telephone / Mobile:
Email:
I am the legal owner of the dog named above and hereby give my consent for rehab therapy including physiotherapy and hydrotherapy, agreeing to pay the stated amount in advance or at the completion of each session.
Signed: _____ Date: _____

3. VETERINARY DETAILS & AUTHORISATION

Veterinary Practice:	
Address:	
Telephone:	Fax:
Referring Veterinarian:	
I confirm that the above animal is in a suitable state of health to commence pool hydrotherapy.	
Signed: _____	Date: _____
Print name: _____	

We are a member of the Canine Hydrotherapy Association

