*Office use only – client number:

VETINARY REFERAL FORM

This section MUST be completed and signed by the dog's Veterinary Surgeon

Dog 1

Veterinary Surgeon Practice Address	
Tel. No.	
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?	
Summary of the dog's injury/condition, areas of caution, comments etc., Is the Dog on medication, if so what?	

Dog 2

Veterinary Surgeon Practice Address	
Tel. No.	
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?	
Summary of the dog's injury/condition, areas of caution, comments etc., Is the Dog on medication, if so what?	

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

YES / NO *

Signature_____ Date__/__ /__

* Please delete as applicable

COMMENTS/NOTES