

## HYDROTHERAPY REFERRAL FORM

<b>Owners Details:</b>			
Name:		Postcode:	
Address:			
		Home Tel:	
		Mobile Tel:	
		Email:	

<b>Patient Details:</b>			
Name:		Breed:	
D.O.B.		Colour:	
Sex:		Weight:	
I have read and fully accept New Forest K9 Hydrotherapy's Terms and Conditions and pre-swim information. I accept full responsibility for divulging any facts that may be relevant during treatment, particularly in respect of any changes to the dog's health.			
Owner's Signature:		Date:	

<b>Veterinary Details:</b> (This section <b>MUST</b> be completed and signed by the patient's veterinary surgeon.)			
Practrice Name:		Address:	
Veterinary Surgeon:			
Telephone:			
Email:		Postcode:	

Reasons for treatment and summary of the patient's injury, condition and any areas of caution:			
Details of any current Medication:			
In your opinion, is the patient stated above in a suitable state of health to undergo hydrotherapy treatment? YES / NO (delete as applicable)			
Signed:		Date:	