|  |
| --- |
| Patient details |
| Name |  | Breed |  |
| Date of Birth |  | Sex |  |
| Vaccinated? Yes/No?Date |  | Insured, Yes/No? Company |  |
|  |
| Guardian details  |
| First name |  | Last name |  |
| AddressPostcode |  |
| Home number |  | Mobile number |  |
| Email  |  |   |  |
|  |
| Veterinary details  |
| Name of practice |  | Name of Referring Vet |  |
| Practice addressPostcode |  |
| Number |  | Email |  |
| Patient condition |
| Include date of injury, surgery |
| Any other medical conditions, current medication |
| I.e., Epilepsy, heart murmur |
| Things to consider i.e., muzzle, sensitive to touch, painful, handling notes |
|  |
| I, the referring vet consent to the animal detailed above, receiving hydrotherapy/physiotherapy treatment |
| Veterinary Signature |  | Date |  |
| I, the legal guardian of the animal detailed above, agree that this information is correct and support the referral for hydrotherapy/physiotherapy |
| Guardian Signature |  | Date |  |

Roz Buckley, IAAT, Small Animal Hydrotherapist Level 3 Diploma, IMDT Professional dog trainer, Trainee Merisha Massage therapist

Pool4dogs Hydrotherapy Centre, Unit 28 Ilton Business Park, Ilton, Ilminster, TA19 9DU 07730 566509 Pool4dogs@gmail.com

Veterinary approval

Suitability for Hydrotherapy

Pool 4 Dogs

Hydrotherapy Centre