|  |  |  |  |
| --- | --- | --- | --- |
| Patient details | | | |
| Name |  | Breed |  |
| Date of Birth |  | Sex |  |
| Vaccinated? Yes/No?  Date |  | Insured, Yes/No? Company |  |
|  | | | |
| Guardian details | | | |
| First name |  | Last name |  |
| Address  Postcode |  | | |
| Home number |  | Mobile number |  |
| Email |  |  |  |
|  | | | |
| Veterinary details | | | |
| Name of practice |  | Name of Referring Vet |  |
| Practice address  Postcode |  | | |
| 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