

## Hydrotherapy Treatment – Vet Referral Form

Please circle: **MEDICAL TREATMENT / FUN & FITNESS**

Referring Veterinary Practice Details			
Referring Veterinary Surgeon		Practice Name	
Address			
Email		Tel Number	
Owners Details			
Client Name		Mobile Number	
Address			
Email		Home Number	
Pet's Details			
Name		Breed	
DOB/Age		Sex	M    M/N    F    F/N
Weight / BCS		Vaccination Date	
Condition Requiring Hydrotherapy  <i>(continue on second page if needed, for exercise/fitness just state fitness)</i>			

Pet's Details	
Medical Treatment Related to Above	
Any Current Medication	
Any other relevant information. <i>Clinical history and referral notes can also be attached if needed</i>	
Veterinary Declaration and Signature	
I confirm that the above-named animal is a suitable candidate for hydrotherapy treatment and is fit to undertake an exercise programme.	
Signature of Veterinary Surgeon:	
Date	