

Hydrotherapy & Physiotherapy – Vet Referral Form

Medical Treatment

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	
Weight / BCS		Vaccination Date	
Condition Requiring Hydrotherapy <i>(If applicable / 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 and/or physiotherapy treatment and is fit to undertake an exercise programme.	
Signature of Veterinary Surgeon:	
Date	