VETERINARY HYDROTHERAPY REFERRAL FORM

We have been approached by the client, or it has been recommended to them by yourselves or another professional for their dog to attend hydrotherapy here with us at Paddle and Play Pet Wellness Centre as they feel it would benefit their dog's condition.

Please complete the following information if you give consent for the following patient to attend hydrotherapy:

OWNER & PATIENT DETAILS		
Owner Name:		**Tel:**
Address and Postcode: **Email:**		
Pet Name:	**Breed:**	**Sex: M / F**
DOB:	**Age:**	**Weight:**

REFERRING PRACTICE DETAILS (The following sections must be completed by the dog's Veterinary Surgeon)	
Practice: **Address or Stamp:** **Postcode:** **Email:**	**Tel:**
Veterinary Surgeon:	

CLINICAL INFORMATION
Diagnosis / Condition: **Date of Onset / Surgery:** **Relevant History:**   **Diagnostics completed (if applicable):** **Current Medication:**

HYDROTHERAPY REQUEST
Medical Condition: Reason (Post-op / OA / Weight / Conditioning / Other): **PRECAUTIONS / CONTRAINDICATIONS:** **Notes / Restrictions:**

I confirm that this patient has been examined and is medically fit for Hydrotherapy as outlined above.

REFERRING VETERINARIAN DECLARATION & CONSENT	
Vet Signature: **.....** **Date:**	**Owner Signature:** **.....** **Date:**

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