VETERINARY REFERRAL FORM

We have been approached by the client as they feel (or you may have suggested) their dog would benefit from hydrotherapy and/or physiotherapy/laser therapy. We would be grateful if you could return this form indicating whether you agree to this dog having treatment(s). Please email the completed form to **carltonhydro@outlook.com**.

Client Name:					
Address:					
		Post code:			
Tel No:					
Email address					
Pets name:		Breed:		Colour:	
DOB:		Sex:		Vac exp date:	
Insured:		Company:		Policy No:	

Veterinary Details
(must be completed and signed by the dog's veterinary surgeon)

Veterinary Surgeon:	
Practice:	
Address/Stamp:	
Tel no:	Post code:
Summary of the dog's condition/injury, areas on caution, background, comments etc.	
Is the dog on medication, if so please list details and dosages?	

Please send back with a copy of the clinical history.

To the best of my knowledge, the named dog is in a suitable condition to receive hydrotherapy treatment.

Signed: …… Print Name: …… Date: ……..

I consent to this dog having physiotherapy assessment to ensure optimal hydrotherapy rehabilitation.

Signed: …… Print Name: …… Date: ……..

I consent to this dog having K Laser treatment to ensure optimal hydrotherapy rehabilitation.

Signed: …… Print Name: …… Date: ……..

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Owner declaration:
I declare that I am the legal owner of the dog named above and that the information shown on this form is correct. I hereby agree to allow Carlton Hydrotherapy Centre to carry out hydrotherapy treatment. I have read and understood the Terms and Conditions.

Signed: …… Print: …… Date: ……..