

Dog Hydrotherapy – Veterinary Referral Form

Client Surname			
Client Address			
Client Postcode		Email	
Client Telephone Call	Home		Mobile
Patient name			
DOB		Vaccination status	
Breed		Any other relevant information	
Sex			
<b>VETERINARY INFORMATION</b> – This section MUST be completed, signed, and dated by the referring vet and returned to Dog Hydrotherapy accompanied with the patient’s clinical notes			
<b>Referring Veterinary Surgeon</b>			
<b>Practice Address</b>			
<b>Practice Postcode</b>			
<b>Practice Telephone Number</b>			
<b>Practice Email Address</b>			
Summary of the patients injury/condition, current medication and dosage, any areas of concern/caution and relevant information			
In your opinion, is the above-named animal a suitable candidate to undergo <b>Physiotherapy, Hydrotherapy, Laser Therapy (Photobiomodulation)</b> YES / NO (please delete unsuitable treatments)			
I have examined the above-named animal at rest. I can see no reason why he/she should not undertake moderate controlled exercise and therapies. I can see no reason why he/she should not be subject to careful manipulation (by a Vet Physio only). I have not been able to evaluate his/her cardio-respiratory capacity for hydrotherapy but see no reason why this shouldn't be performed given the state of the animal.			
Veterinary Surgeons Signature		Date	
Print name		Date	