

VET REFERRAL FORM

Owners Details	
First Name _____	Surname _____
Street Address _____	
Suburb _____	Postcode _____
Phone No _____	Email _____
Dogs Details	
Name: _____	
Sex: _____	Male / Female
Breed: _____	
Date of Birth _____	/ /
Colour _____	
Vaccination Date _____	/ /
Referring Veterinary Details - This section MUST be completed and signed by your dog's Veterinary Surgeon	
Veterinary Surgeon _____	
Name of Practice _____	
Street Address _____	
Suburb _____	Postcode _____
Phone No _____	Email _____
Summary of your dog's surgery/injury/complaint, areas of caution and Veterinary treatment	
Current medication, pre-existing conditions and any restrictions	
In your opinion is the dog named above in a suitable state of health to undergo hydrotherapy treatment	
Yes / No _____	Date / / _____
Signature of Veterinary Surgeon _____	