

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 _____ | |