



Veterinary Referral Form

Clients Details

Name: _____
 Address: _____
 Telephone (Home): _____
 (Mobile): _____



Dogs Details

Name: _____ Age: _____ Sex: _____
 Breed: _____
 Colour: _____
 Vaccination Expiry Date: _____
 Insurance Company: _____
 Policy Number: _____



Veterinary Details (must be completed and signed by the Dog's Vet)

Veterinary Surgeon: _____
 Practice Name: _____ Branch: _____
 Address: _____
 Telephone: _____



Details of condition being treated

Name of Condition / Operation carried out



Date of Surgery (if applicable): _____
 Recommended date to start rehabilitation: _____

Details of any pre-existing conditions:

Details of any medication currently being administered:

I confirm that the relevant clinical history is as noted above and I know of no reason why this dog should not undergo Hydrotherapy.

Signed (Vet): _____
Date: _____

Any other information the owner considers relevant to the dog's ongoing treatment:

I confirm that I am responsible for the above mentioned dog and that all of the above information is correct to the best of my knowledge. I am happy for this dog to undergo hydrotherapy treatment.

Signed (Owner): _____
Date: _____

WaterWalkies Hydrotherapy

All 4 Pets
East Lancashire Road, Leigh, WN7 3SE
Tel: 01942 671215
Fax: 01942 681817
email: ldandch@live.co.uk



ALL 4 PETS
Veterinary Surgery
Water Walkies Dog Grooming Salon
Private Boarding Pet & Tack Shop
Rehoming Centre

