



Veterinary Consent/Referral Form

Owner's Details

Name:

Address:

Tel. No.:

Email:

Dog's Details

Name:

Breed:

Sex:

Date of Birth:

Vaccination Expiry:

Veterinary Details

Veterinary Surgeon:

Practice:

Address:

Tel. No.:

Fax No.:

Email:

(Please tick preferred method of communication)

Details of injury and/or relevant medical history:

Any other comments

Current medication if applicable

I confirm that the above named dog is/is not* in a suitable state of health to undergo hydrotherapy.

*Please delete as appropriate

Cautions if any:

Signed:

Date:

(Please print name)