

*Veterinary Referral Form for Hydrotherapy Treatment*

*referrals@lancashirecaninehydrotherapy.co.uk*

|  |  |
| --- | --- |
| **OWNER NAME:** |  |
| **Address** |  |
|  |  |
|  |  |
| **Postcode** |  |
| **Tel. No.** |  |
| **PATIENT DETAILS** |
| **Name** |  | **Sex** |  | **D.O.B** |  | **Insured:** |  **Y / N** |
| **Breed** |  | **Vaccination Date** |  | **Insurance Company** |  |

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| **VETERINARY DETAILS** *(this MUST be completed and signed by the Veterinary Surgeon)* |
| Veterinary Surgeon |  |
| Practice Name |  |
| Address |  |
|  |
| Tel. No. |  |
| **Please specify type/site of surgery (e.g. TTA, TPLO, hemilaminectomy, THR, FHO) or condition (e.g. osteoarthritis)** |
| **Clinical conditions/history that might impact hydrotherapy:** |
| **Medications:** |
| **IN YOUR OPINION, IS THE ANIMAL NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT**  **YES/NO****Vet Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



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