

*Veterinary Referral Form for Hydrotherapy Treatment*

*referrals@lancashirecaninehydrotherapy.co.uk*

|  |  |  |  |  |  |  |  |  |
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| **OWNER NAME:** | |  | | | | | | |
| **Address** | |  | | | | | | |
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|  | |  | | | | | | |
| **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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