

URGENT FAX : REFERRAL FORM

Your client listed below would like their dog to attend hydrotherapy sessions. Please complete the veterinary section below and return to us as soon as possible.

Fax back to 01489 885200 or email to richmondhydro@live.co.uk

OWNERS DETAILS			
Name			
Address			
Postcode			
Tel No:		email	

DOG'S DETAILS					
Name		Sex		Is dog Ins	Y/N
Breed		DOB		Ins Co	
Colour		Vac	Y/N	Policy No	

Veterinary Details – This section MUST be completed by your dogs veterinary surgeon			
Practice			
Address			
Postcode			
Tel No		Fax	
email			

SUMMARY OF THE DOGS INJURY/CONDITION, AREAS OF CAUTION, COMMENTS

IS THE DOG TAKING ANY MEDICATION, IF SO, WHAT?

IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT YES/NO

Veterinary Surgeon (PRINT NAME)

Signature:..... **Date:**.....

I declare that I am the legal owner of the dog named above and that the information shown on this form is correct. I have read and fully accept the terms and conditions of RICHMOND canine hydrotherapy centre.

Signature:..... **Date:**.....