

## Veterinary Referral Form

Veterinary Surgeon: \_\_\_\_\_

Practice name and address: \_\_\_\_\_

\_\_\_\_\_

Telephone no: \_\_\_\_\_

Fax no: \_\_\_\_\_

Client's name: \_\_\_\_\_

Client's address: \_\_\_\_\_

\_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Patient's name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Condition requiring hydrotherapy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continue overleaf if necessary)

*I confirm that the above-named animal is a suitable candidate for hydrotherapy and is fit to undertake an exercise programme.*

Signature of Veterinary Surgeon: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM, TOGETHER WITH ANY RELEVANT HISTORY, TO  
01296 622112.**

Part of