



Member of The Canine Hydrotherapy Association

**REFERRAL FORM**

[www.thedogspa.co.uk](http://www.thedogspa.co.uk)

<b>Veterinary name</b>	
<b>Practice name Address</b>	
<b>Tel/fax email</b>	

<b>Client Name</b>			
<b>Address</b>			
<b>Telephone/fax</b>			
<b>Patient name</b>		<b>Breed</b>	
<b>Age</b>		<b>Weight</b>	

**Medical Condition**

Is there a history of any of the following conditions?

Epilepsy	Yes/no	Cardiovascular	Yes/no
Respiratory	Yes/no	Diabetes	Yes/no

**Details of medical condition and any ongoing treatment**

<b>Condition</b>	<b>Medication</b>
<b>Date of surgery</b>	
<b><u>Date of last vaccination</u></b>	
<b>Swim for fun/ fitness?</b>	<b>Yes No</b>
I believe that this dog is in a suitable overall state of health to undertake physiotherapy including hydrotherapy	
<b>Signed</b> (veterinary)	<b>Date</b>