



Member of The Canine Hydrotherapy Association

REFERRAL FORM

www.thedogspa.co.uk

Veterinary name	
Practice name Address	
Tel/fax email	

Client Name			
Address			
Telephone/fax			
Patient name		Breed	
Age		Weight	

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

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