

# Initial Assessment & Treatment Plan

Referring Vet		Date:
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Client Name			
Address			
		Post Code	
Telephone Number	Home:	Mobile:	

Dog's Details					
Name		Sex		Insured	
Breed		Age		Company	
Colour		Vaccination		Neutered	

Veterinary diagnosis as indicated on referral

Past medical history relevant to hydrotherapy

Current Medication/Supplements

Client view on injury/condition/client expectations

Current exercise

Current diet/weight

Home environment

Static assessment/palpation

Movement assessment

Treatment Plan

Daily Exercise

Diet/target weight/supplements

Rehabilitation Plan

Additional treatment/therapies