



**VETERINARY ASSESSMENT AND REFERRAL FORM FOR SUITABILITY TO HYDROTHERAPY & FUN
& FITNESS SWIM SESSIONS**

ANIMAL DETAILS

Dogs Name _____ Sex _____ Insured Yes/No
Breed _____ Date of Birth _____ Insurance Company _____
Colour _____ Vaccines _____ Policy Number _____

OWNERS DETAILS

Name _____
Address _____

Postcode _____
Telephone Number _____
Email Address _____

Owner permission for vet to release full clinical history Yes/No

Practice Details

Practice Name _____
Address _____

Tel No _____
Email Address _____
Referring Veterinary Surgeon _____

RELEVANT CASE HISTORY

**Full clinical history is necessary to allow a better overall picture of the patient.
Please email to the address below if owner has authorised.**

Give details of any injury/surgical procedures

Present treatment including and medication

Date of and status at last examination (lameness/neuro status)

In your opinion is the dog named above in a suitable state of health to undergo hydrotherapy treatment Yes/No

Signed _____ Date _____

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