



HYDROTHERAPY REFERRAL FORM

OWNER NAME	TEL
OWNER ADDRESS	EMAIL
I have received and read the pre swim information and agree to the terms. I understand it is my responsibility to inform staff at Forest Edge Hydrotherapy of any changes in my dogs health, their treatment or any facts that may be relevant during treatment. I consent to Forest Edge Hydrotherapy contacting my vet in relation to the dog stated below.	
NAME	
SIGNED	

PATIENT NAME	BREED
DOB	COLOUR
WEIGHT	INSURANCE CO.
GENDER ME / MN FE / FN	VACCINATED Y / N

VETERINARY PRACTICE	VETERINARY SURGEON
ADDRESS	TEL
	EMAIL

TO BE COMPLETED BY VETERINARY SURGEON

REASON FOR REFERRAL – please give specific details, surgical technique and dates of surgery (if applicable), including which joints/limbs are affected	
Medications	
ANY OTHER MEDICAL PROBLEMS (cardiac, respiratory, epilepsy, diabetes, ear/skin etc)	
Is the dog nervous, aggressive or reactive?	
I understand that any hydrotherapy treatment given to the above animal is the responsibility of the (registered) therapist based on the information requested In your opinion the above stated patient is of suitable health to undergo hydrotherapy; pool or water treadmill	
SIGNED	DATE