

CROSSLANDS HYDROTHERAPY CENTRE

VETERINARY REFERRAL FORM FOR HYDROTHERAPY

(PLEASE FILL IN BLOCK CAPITALS)

OWNER'S DETAILS

Name:

Address:

..... Post Code:

Telephone No: Mobile No:

E-Mail Address:

ANIMAL DETAILS

Name: Breed: D.O.B.

Colour: Sex: M / F Neutered / Spayed Vac Exp Date:

Injury/Condition being treated:.....

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Surgical procedure used (if applicable):.....

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Date of procedure: / / Required rest period prior to hydrotherapy: weeks

Relevant history: (previous surgical procedures, lameness, heart/lung problems etc)

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Medication: (temporary/ongoing)

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PRACTICE DETAILS

Practice Name

Address.....

Telephone No: Fax No:

Referring Veterinary Surgeon (PRINT NAME):.....

THE ABOVE NAMED DOG IS IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY

SIGNATURE..... DATE/...../.....