

Veterinary Consent/Referral form  
 Suitability for Hydrotherapy or Physiotherapy

<b>Patient details</b>			
Name		Breed	
Date of Birth		Sex	
Vaccinated? Yes/No? Date		Insured, Yes/No? Company	
<b>Guardian details</b>			
First name		Last name	
Address Postcode			
Home number		Mobile number	
Email			
<b>Veterinary details</b>			
Name of practice		Name of Referring Vet	
Practice address Postcode			
Number		Email	
<b>Patient condition</b>			
Include date of injury, surgery			
<b>Any other medical conditions, current medication</b>			
I.e., Epilepsy, heart murmur			
<b>Things to consider i.e., muzzle, sensitive to touch, painful, handling notes</b>			
<b>I, the referring vet consent to the animal detailed above, receiving hydrotherapy/physiotherapy treatment</b>			
Veterinary Signature		Date	
<b>I, the legal guardian of the animal detailed above, agree that this information is correct and support the referral for hydrotherapy/physiotherapy</b>			
Guardian Signature		Date	