

Veterinary approval
Suitability for Hydrotherapy

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