

VETERINARY REFERRAL FORM

Cheshire Canine Hydrotherapy Centre
 At Groom & Room
 Sundown, Chelford Road, Ollerton, Knutsford, Cheshire, WA16 8TA
 (+) 01565 621721
 (e) groomandroom@msn.com (w) www.cheshirecaninehydrotherapy.co.uk



OWNER'S DETAILS					
Name					
Address					
Postcode					
Tel. No.					
Email					
DOG'S DETAILS					
Name		Sex		Is Dog Insured	Y/ N
Breed		Date of Birth		Insurance Company	
Colour		Vac. Expiry Date		Policy Number	
VETERINARY DETAILS (This section MUST be completed and signed by the dog's Veterinary Surgeon)					
Veterinary Surgeon					
Practice					
Tel. No					
Email					
Summary of the dog's injury/condition, areas of caution, comments etc.,					
Is the Dog on medication? Please list					
IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO					
*PHYSIOTHERAPY TREATMENT		YES	NO		
*UNDERWATER TREADMILL THERAPY		YES	NO		
*HYDROTHERAPY POOL THERAPY		YES	NO		
Signature			Date / /		
Owner Consent					
I DECLARE THAT I AM THE LEGAL OWNER OF THE DOG NAMED ABOVE AND THAT THE INFORMATION SHOWN ON THIS FORM IS CORRECT. FURTHER I HAVE READ AND FULLY ACCEPT THE TERMS & CONDITIONS STATED ON OUR WEBSITE.					
Signature			Date / /		