



Hydrotherapy Services Veterinary Referral Form

DOG DETAILS

Name:	D.O.B.
Breed:	Sex:
Fixed (Y/N):	Weight:
Vaccination Expiry Date:	
Is your dog insured? (Y/N):	
If yes, Company and Policy #:	

OWNER DETAILS

Name:	Phone #:
Address:	
E-mail:	
<p>I declare that I am the legal owner or guardian of the dog named above and that the information on this form is correct. I have read and accepted the terms and conditions of K9 Central hydrotherapy services.</p> <p>Signature</p> <p>Date</p>	

VETERINARY PRACTICE DETAILS *(Please have your veterinarian complete this section)*

Referring veterinarian:
Practice:
Address:
Phone #:
Email:
Current medication(s) if applicable:
Summary of the dog's injury/condition, areas of caution, any comments or specific goals for rehabilitation/conditioning:
In your opinion, is the dog being referred in a suitable state of health to undergo hydrotherapy treatment?: Yes No Veterinarian's signature
Date