

PAWZ HYDROTHERAPY & REHABILITATION CENTRE

VETERINARY ASSESSMENT AND REFERRAL FORM

OWNER'S DETAILS

Name:

Address:

Telephone Number:

Mobile Number:

DOG'S DETAILS

Name:

Colour: Sex: Male / Female Neutered / Speyed Yes / No

Breed: DOB: Is Dog Insured: Yes / No

Vacc: Yes / No Insurance Company:

VETERINARY DETAILS (This section MUST be completed and signed by the dog's Veterinary Surgeon)

Veterinary Surgeon:

Practice:

Address:

Telephone Number:

Fax Number:

Summary of the dog's injury/condition, areas of caution, comments etc.

Is the dog on medication / supplements, if so what?

IN YOUR OPINION, IS THE DOG NAMED ABOVE, SINCE THEIR LAST EXAMINATION YOU CAN FIND NO CLINICAL EVIDENCE TO SUGGEST THEY WOULD BE UNFIT FOR HYDROTHERAPY TREATMENT

YES / NO

Signature:

Date:

I DECLARE THAT I AM THE LEGAL OWNER OF THE DOG NAMED ABOVE AND GIVE MY CONSENT IF REQUIRED TO PAWZ HYDROTHERAPY TO CONTACT THE VET ON MY BEHALF TO DISCUSS MY DOGS CONDITION

SIGNATURE

DATE: