

Veterinary Referral Form for Hydrotherapy

Top Dog Hydrotherapy are full members of the National Association of Registered Canine Hydrotherapists (NARCH)

PLEASE ENSURE CLINICAL NOTES ARE INCLUDED WITH THE REFERRAL

Your vet must complete this form before treatment can commence

OWNERS DETAILS	
Name:	Tel:
Address:	Email:
ANIMAL'S DETAILS	
Name:	Breed & Colour:
Age:	Sex: M/F Neutered: YES/NO
Date last vac:	Date last wormed:
VETERINARY DETAILS	
Veterinary Surgeon:	Tel:
Practice:	Fax:
Address:	Email:
Reason for hydrotherapy (Please state any surgical procedures/intervention used):	
Summary of relevant clinical conditions:	
Current / recent medication:	
Contraindications to treatment:	
I certify that the above animal is under my care, and consent to the treatment of this animal. Vet signature: Print name: Date:	I am the owner of the above animal and I consent to treatment. Owner signature: Print name: Date: