

# Bearhugs Canine Hydrotherapy

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[www.bearhugscaninehydrotherapy.co.uk](http://www.bearhugscaninehydrotherapy.co.uk)



## CANINE HYDROTHERAPY/LASER THERAPY REFERRAL FORM

VETERINARY PRACTICE DETAILS				
VETERINARY SURGEON				
PRACTICE ADDRESS				
TEL NO		EMAIL		
PET DETAILS				
NAME			WEIGHT	
BREED			VACCINATED	Y/N
SEX	M/F	DATE OF BIRTH		DATE
MEDICAL CONDITION/INJURY	HIP DYSPLASIA	OSTEOCHONDROSIS	ARTHRITIS	LEGG CALVE PERTHES
	CRUCIATE LIGAMENT	CDRM	SPONDYLOSIS	SPONDYLITIS
	PELVIC FRACTURE	DISLOCATION	TENDON STRAIN	MUSCLE STRAIN
	JOINT SPRAIN	NECK	SHOULDER	ELBOW
	SPINE PROBLEM	OVERWEIGHT? YES/NO	HAD SURGERY? YES/NO	SPECIFY SURGERY
	WOUND HEALED? YES/NO	CARDIOVASCULAR PROBLEMS? YES/NO	RESPIRATORY PROBLEMS? YES/NO	SKIN PROBLEMS? YES/NO
	CURRENT MEDICATION:			
	OTHER PLEASE SPECIFY:			
	AREAS OF CONCERN/CAUTION			
SPECIFIC REQUIREMENTS OF THERAPY				
DECLARATION	In my opinion the above-named pet is in a suitable state of health to undergo hydrotherapy/laser therapy treatment			
VETERINARY SURG SIGNATURE			DATE	
OWNER DETAILS				
NAME				
ADDRESS				
TEL NO		MOBILE NO		
EMAIL ADDRESS				
INSURED	Y/N	INSURANCE COMPANY / POLICY NUMBER		
DECLARATION AND CONSENT	I/we declare that I/we are the legal owner(s) of the above named pet and that the information shown on this form is correct and I/we consent to the disclosure of clinical information regarding my/our pet by my/our veterinary surgeon for the purposes of referral.			
OWNERS SIGNATURE			DATE	

Please ask your veterinary surgeon to complete this form and return it to us as soon as possible at [enquiries@bearhugscaninehydrotherapy.co.uk](mailto:enquiries@bearhugscaninehydrotherapy.co.uk)