

JACQUI WOODHALL
 Canine Hydrotherapy Association approved.
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www.bearhugscaninehydrotherapy.co.uk

CANINE HYDROTHERAPY REFERRAL FORM

VETERINARY PRACTICE DETAILS						
VETERINARY SURGEON						
PRACTICE ADDRESS						
TEL NO				FAX NO		
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 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 bring it with you on your first hydrotherapy appointment