

# Bearhugs Canine Hydrotherapy

Unit 7 Meadwood Industrial Estate, Bath Street,

Bilston, WV14 0ST

Tel: 01902 – 495394

enquiries@bearhugscaninehydrotherapy.co.uk

[www.bearhugscaninehydrotherapy.co.uk](http://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 return it to us as soon as possible at enquiries@bearhugscaninehydrotherapy.co.uk