

Referring veterinary surgeon to complete below

| | | | |
|----------------|--|----------|--|
| Owners Name | | | |
| Address | | | |
| Contact Number | | Postcode | |
| Email | | | |

| | | | |
|----------------------------|--|-------------------------------------|--|
| Veterinary Surgeon | | | |
| Practice Name | | | |
| Practice Address | | | |
| Contact Number | | Postcode | |
| Email | | | |
| Pets Name | | Sex (N) | |
| Description | | DOB | |
| Injury / Condition Summary | | Notes | |
| Current Medication | | Treatment Preferences (Please Tick) | <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Hydrotherapy Pool <input type="checkbox"/> Aquatic Treadmill |

Veterinary Surgeon Declaration

| | | | |
|--|--|------|--|
| Print Name | | | |
| Signed | | Date | |
| I confirm that the above named patient is, in my opinion, in a suitable state of health to undergo the above selected treatments. No past conditions will be compromised by the administration of said treatments. | | | |

Please return this referral form and patient clinical history to referrals@choicehydro.co.uk