

4 Paws Hydrotherapy Centre

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Hydrotherapy and Physiotherapy Referral Form

Owner Details:

Name:	Postal Code:
Address:	Tel: Home: Mobile: Email:
I have received and fully accept the 'pre-swim information' document of treatment at 4 Paws Hydrotherapy Centre. I, as the legal owner of the dog accept full responsibility for divulging any facts that may be relevant during treatment, particularly in respect of any changes to the dog's health.	
Read & agreed. Please Sign:Please Print Name:.....	

Patient Details:

Name:	Sex:	DOB:
Breed:	Colour:	Weight:

Veterinary Details: (This section MUST be completed and signed by the patient's veterinary surgeon.)

Practice Name:	Name of Referring Vet:
Address:	Telephone: Fax:
Postal Code:	Email:

Reasons for treatment and summary of the patient's injury, condition and any areas of caution:

Details of any current Medication:

In your opinion, is the patient stated above in a suitable state of health to undergo hydrotherapy, aquatic treadmill and/or physiotherapy treatment? Yes / No

Signed:	Date:
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