**VETERINARY CONSENT / REFERRAL FORM**

|  |  |
| --- | --- |
| NAME: |  |
| ADDRESS: |  |
| LANDLINE: | MOBILE: |
| E-MAIL: |  |

***OWNERS DETAILS***

***PETS DETAILS***

|  |  |
| --- | --- |
| NAME:  | D.O.B: |
| BREED:  | COLOUR: |
| MALE/FEMALE: | NEUTERED: YES / NO |
| VACCINATED: YES / NO |  |

 ***VETERINARY DETAILS***

**THIS SECTION MUST BE COMPLETED AND SIGNED BY YOUR PETS VET**

|  |  |
| --- | --- |
| VETERINARY SURGEON: |  |
| PRACTICE ADDRESS: |  |
| TEL: | E-MAIL: |
| IS HE/SHE CURRENTLY ON ANY MEDICATION? YES / NO If yes please give details:  |  |
| SUMMARY OF HIS/HER CONDITION: Any Injuries, pre-existing conditions, areas of concern, other relevant comments: |  |

Continued hydrotherapy is detrimental/essential to health and welfare.

In your veterinary opinion, is the above named pet in a suitable state of health to undertake hydrotherapy/fun and fitness sessions with the hydrotherapist? YES / NO

SIGNED: DATE:

PRINT NAME:

I/WE DECLARE THAT I/WE ARE THE LEGAL OWNERS OF THE ABOVE NAMED PET AND THE INFORMATION GIVEN ON THIS FORM IS CORRECT.

SIGNED: DATE:

PRINT NAME:

|  |
| --- |
| ***ADDITIONAL NOTES*** |
|  |