|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRAL FORM** | | | | | | | |
| **Owners Details** | | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Tel |  | | | | Email |  | |
| **Dogs Details** | | | | | | | |
| Name |  | | | | | | |
| DOB |  | | Sex |  | | Insured |  |
| Breed |  | | Colour |  | | Ins. Co. |  |
| Wormed/Flea |  | | Vac. Expiry |  | | Policy no. |  |
| Owner observations: | | | | | | | |
| **DECLARATION** | | | | | | | |
| **I declare that I am the legal owner of the dog named above and that the information shown on this form is correct. Furthermore, I have read and fully accept the terms and conditions printed overleaf.** | | | | | | | |
| **SIGNED: DATE:** | | | | | | | |
| **Veterinary Details** | | | | | | | |
| Veterinary Surgeon | |  | | | | | |
| Practice | |  | | | | | |
| Address | |  | | | | | |
| Tel | |  | | | Email | | |
| **Summary of Dogs Condition:** | | | | | | | |
| **Medication:** | | | | | | | |
| In your opinion, is the dog named above in a suitable state of health to undergo:  **Hydrotherapy Treatment: Y/N \* Physiotherapy Treatment: Y/N\***  **SIGNED: DATE:** | | | | | | | |

**TERMS AND CONDITIONS**

1. Whilst every care is taken of the dogs undergoing treatment, all dogs that receive hydrotherapy/physiotherapy treatment, do so entirely at their owner’s risk.
2. Dogs will not be treated, without prior authorisation, of their veterinary surgeon.
3. Dogs with infectious or contagious conditions, such as ear, eye or skin infections will not be treated. Owners are advised to cancel appointments with at least 24 hours prior notice, until the condition is clear.
4. Owners are required to notify if, during the course of treatments, the dogs’ injury or condition worsens, or if the veterinary surgeon advises that the treatment should be stopped or suspended.