



Poolecott Canine Hydrotherapy

Veterinary Referral Form

Owner's details	
Name	
Address	
Postcode	
Tel. No.	
Email	

Dog's details			
Name		Sex	
Breed		Date of birth	
Colour		Vac. expiry date	

Veterinary details (This section must be completed and signed by the dog's Veterinary Surgeon)	
Veterinary Surgeon	
Practice Address	
Tel. No.	
Summary of the dog's injury/condition, medical history, areas of caution etc. (Please continue on a separate sheet if necessary)	
Medication (if applicable)	
I confirm the above named animal is under my care and is medically fit to swim.	
Signature _____	Date _____
Print Name	