

THE DOG POOL

HYDROTHERAPY & FITNESS CENTRE

EAST WELLOW, ROMSEY, HAMPSHIRE TEL: 01794 323 804



REFERRAL REQUEST



A client of yours has contacted us for an appointment for Hydrotherapy for their dog. All dog's which use our centre must have a veterinary referral before attending.
Their first appointment is booked on:-

OWNERS DETAILS

Name			
Address			
Name of Dog		Sex	
Age		D. O. B.	
Breed		Insurance	

GENERAL HEALTH DETAILS		YEAR	CONDITION / OPERATION
EYES			
EARS			
SKIN/COAT			
HEART			
PULSE			
CHEST/LUNGS			
RESPIRATION			
MOBILITY			
WEIGHT			
TEMPERAMENT			
GENERAL CONDITION			
VACCINATION HISTORY			

VETERINARY DETAILS - This section must be completed by the referring Veterinary Surgeon)

Practice	
Address	
Telephone No	

Summary of the dog's injury/condition & any other relevant information with respect to hydrotherapy etc.

Please continue on a separate sheet if necessary, a copy of relevant case notes is of great help to us
In your opinion, is the above named dog in a suitable state of health to undergo hydrotherapy **YES / NO**

SIGNED _____ DATE _____
Veterinary Surgeon (PRINT NAME)

Please return to Fax 01794 323804 or email: jayne@thedogpool.co.uk - www.thedogpool.co.uk