

**VETERINARY REFERRAL / ASSESSMENT FORM
SUITABILITY FOR THERAPEUTIC HYDROTHERAPY SESSIONS**

VETERINARY PRACTICE DETAILS

PRACTICE NAME:

ADDRESS:

..... POST CODE:

TEL/FAX NO:

EMAIL ADDRESS:

REFERRING VETERINARY SURGEON:

I DEEM THAT THIS DOG IS IN SUITABLE HEALTH TO UNDERTAKE HYDROTHERAPY

SIGNATURE

OWNER'S DETAILS

NAME:

ADDRESS:

..... POST CODE:

TELEPHONE HOME: WORK:

NUMBERS MOBILE:

EMAIL ADDRESS:

ANIMAL DETAILS

NAME: BREED: DOB:

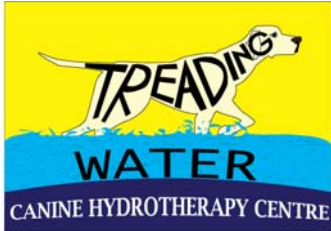
SEX: COLOUR:

VAC. EXPIRY DATE:

INSURED? YES/NO INSURANCE COMPANY:

POLICY NO:

**TREADING WATER AT PET PARAPHERNALIA
CHALLENGER HOUSE – RINGTAIL RD – BURSCOUGH IND EST
BURSCOUGH – LANCASHIRE – L40 8JY
TEL/FAX: 01704 894973 – www.petparaphernalia.co.uk**



GENERAL HEALTH SUMMARY

HEALTH ASSESSMENT DATE:

HEART RATE: LUNGS/RESPIRATION:
HEART MURMUR? YES/NO GRADE:

EYES: EARS:
WEIGHT: SKIN:

MOBILITY:

GENERAL CONDITION/FITNESS:

FAECAL/URINARY INCONTINENCE:

DATE LAST WORMED: PRODUCT USED:

BEHAVIOURAL CONSIDERATION:

RELEVANT CASE HISTORY

GIVE DETAILS OF ANY INJURY/SURGICAL PROCEDURES:

.....
.....

PRESENT TREATMENT INCLUDING ANY MEDICATION:

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.....

DATE OF AND STATUS AT LAST EXAMINATION (LAMENESS/NEURO STATUS):

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SPECIFIC REQUIREMENTS – AIMS/GOALS OF HYDROTHERAPY:

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REASSESSMENT DATE:

SIGNED: DATE:

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