



Veterinary Referral Form

VETERINARY DETAILS	
Practice Name	
Address	
Telephone No	
Email	
Fax	
Referring Veterinary Surgeon	

ANIMAL DETAILS	
Name	
D.O.B	
Breed	
Sex	
Description/Colour	
Insured (Y/N)	
Insurance Company	

CLIENT DETAILS	
Name	
House No / Name	
Address	
Town	
County	
Post Code	
Home Phone	
Mobile	
Email	

216 Brighton Road, Coulsdon, Surrey, CR5 2NF
 Tel: 020 8763 2020 Fax: 020 8668 5252
 Email: info@hydrohounds.co.uk Web: www.hydrohounds.co.uk

GENERAL HEALTH DETAILS			
Eyes		Chest/Lungs	
Ears		Respiration	
Skin/Coat		Mobility	
Heart		Weight	
Pulse		Temperament	
General Condition			
Vaccination History			

CASE HISTORY (Including details of injuries, conditions and/or surgical procedures)

PRESENT TREATMENT (Including medications)

SPECIFIC REQUIREMENTS OF HYDROTHERAPY (Advised techniques & special patient requirements)

This animal is a patient under my care and has received a full medical health check and examination by myself, and is in my opinion fit to receive hydrotherapy rehabilitation treatment and/or exercise. I authorise hydrotherapy for my patient to be carried out by Hydro Hounds.

Signed	Print Name	Date

Practice Stamp