

HYDROFURAPY LTD., REFERRAL FORM

THIS PART IS TO BE COMPLETED BY THE CLIENT

CLIENT NAME			
ADDRESS / POSTCODE			
PHONE. NO.		MOBILE NO.	
E-MAIL ADDRESS			
NAME OF DOG		DATE OF BIRTH AGE	
BREED		MALE / FEMALE	VACCINATED
INSURANCE COMPANY		POLICY NO	
<p>I / We are the legal owner(s) of the Dog named above AND agree to allow Hydrofurapy Ltd., to contact my Vet in relation to treatment AND have read and fully accept their Terms and Conditions.</p> <p>Signature(s) _____ Date _____</p>			

THIS PART IS TO BE COMPLETED BY THE VETERINARY SURGEON

VET NAME				PRACTICE	
ADDRESS & POSTCODE					
PHONE. NO.		FAX NO.			
E-MAIL ADDRESS					
REASON FOR REFERRAL – PLEASE GIVE SPECIFIC DETAILS.					
DATE OF SURGERY, (IF APPLICABLE)					
MEDICATION					
ANY OTHER MEDICAL PROBLEMS – E.G. CARDIAC, RESPIRATORY, EPILEPSY, DIABETES, EAR PROBLEMS ETC.					
IS THE DOG NERVOUS OR AGGRESSIVE?					
TYPE OF HYDROTHERAPY TREATMENT		TREATMENT		FITNESS	
<p>I understand that any hydrotherapy treatment given to the above animal is the responsibility of the NARCH Registered Canine Hydrotherapist based on the information requested.</p> <p>Signature(s) _____ Practice Stamp</p> <p>Date _____</p>					