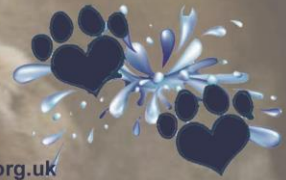


Stage1hydrotherapy



Battery Mill Farm, St Erth, Cornwall TR27 6JU
 Tel 01736 751799 Fax 01736 753112 Email info@stage1hydrotherapy.org.uk
 www.stage1hydrotherapy.org.uk

VETERINARY REFERRAL FORM

Please complete and return to us as soon as possible.

Owners Details	
Name	
Address	
Postcode	
Tel No	
Email	

Animal Details					
Name		Sex	M/F	Insured	Y/N
Breed/Species		D.O.B.		Insurance Co.	
Colour		Vaccination Expiry		Policy No	

Veterinary Practice - Your vet must complete this section.	
Referring Vet	
Practice	
Address	
Tel/Fax No	

Summary of the animal's injury/condition, areas of caution, any comments.

Current medication if applicable.
In your opinion, is the animal named above, in a suitable state of health to undergo hydrotherapy treatment Y/N Physiotherapy treatment Y/N K-Laser treatment Y/N In accordance with the veterinary surgery (Exemptions) order 1962. I give veterinary consent for Stage1hydrotherapy to treat this animal.
Vet's Signature.....Date.....
Hydrotherapy Feedback Report to be sent to; Email:.....

I declare that I am the legal owner of the dog named above and that the information shown on this form is correct. I have read and fully accept the terms and conditions of Stage1 Canine Hydrotherapy Referral Clinic
Owners Signature.....Print Name.....Date.....