



### Owner Details

Name	
Address	
Phone	
Email	

### Patient / Pet Details

Name		
Breed		
Sex		Spayed/Neutered?
Birth Date / Current Age		
Weight		

### Vaccination Records

<u>Vaccine</u>	<u>Current? Y/N</u>	<u>Exp. Date</u>
Rabies		
DAPP/DHPP		
Bordetella		
Leptospirosis		
Canine Influenza		

### Veterinary Care Contact

Practice Name	
Referring Vet Name	
Address	
Phone	
Email	



(This section should be completed and signed by the patient's veterinary care provider)

## Hydrotherapy Referral

**Reasons for treatment** and summary of patient's injury, condition and any areas of concern:

**Medical History** - Any surgeries, injuries, or conditions in the past the hydrotherapist should know about?

**Hydrotherapy Awareness** - Any special issues the hydrotherapist should be aware of during treatment?

Details of any current **medication** or treatment plans:

In your opinion, is the patient stated above in a suitable state of health to undergo hydrotherapy in a **Swimming Pool**?

**YES NO**

In your opinion, is the patient stated above in a suitable state of health to undergo hydrotherapy using the **Underwater Treadmill**?

**YES NO**

Signed:

Date: