



Vet Referral Form

for Canine Hydrotherapy

Owner Details

Name	
Address	
Phone	
Email	

Patient / Pet Details

Name	
Breed	
Sex	
Birth Date / Current Age	
Weight	

Vaccination Records

<u>Vaccine</u>	<u>Current?</u> <u>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	



Vet Referral Form for Canine Hydrotherapy

(This section **MUST** 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:

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:

Fun & Fitness Swims

Patients referred for a fun and fitness session will not be given any rehabilitation exercises once in the pool. Please state if there is any condition present that may be of concern to the hydrotherapist:

Details of any current medication or treatment plans:

In your opinion, is the patient stated above in a suitable state for swimming?

YES NO

Signed:

Date: