

Brambles Hydrotherapy Referral Form



The following section is to be completed, and signed by the dog's owner(s):

Client Name:			
Address & Postcode:			
Primary Contact Number:		Secondary:	
Email Address:			

Dogs Name:		Breed:	
Male/Female:		Age (DOB):	
Neutered/Spayed:	Y / N	Vaccinated (Inc. KC)	Y / N
Will you be claiming on your dogs insurance?	Y / N (if Y, please fill in the section below)		
Insurance Provider & Policy Number			

I/We, as the legal owner of the dog listed above agree and allow Brambles Hydrotherapy to contact my veterinary practice in relation to my dog's medical history and hydrotherapy treatment.

I confirm I have read and accept Brambles Hydrotherapy Terms & Conditions

I consent to Brambles Hydrotherapy receiving my dog's medical history from my vet.

Print:

Signed:

Date:

The following section is to be completed, and signed by the dog's veterinary surgeon:

Veterinary Practice:	
Address & Postcode:	
Phone Number:	
Email Address:	
Reason for Referral:	
Any other relevant medical information:	
Date of treatment/surgery (if applicable):	
Medication:	
Behavioural Notes:	

I confirm this form is completed to the best of my knowledge and that in my professional opinion the above named dog is a suitable candidate for Hydrotherapy.

Print:

Signed:

Date:

Please return to: Referrals@brambleshydrotherapy.co.uk