



## Vet Assessment Referral Form

Hydrotherapy	✓
Physiotherapy	✓
Acupuncture	✓
Laser therapy	✓

T: 01264 771824 www.topdoghydrotherapy.com

**PLEASE ENSURE CLINICAL NOTES ARE INCLUDED WITH THE REFERRAL**

**Your vet must complete this form before treatment can commence.**

<b>OWNERS DETAILS</b>	
Name:	Tel:
Address:	Mobile:
	Email:
<b>ANIMAL'S DETAILS</b>	
Name:	Breed & Colour:
Age:	Sex: M/F      Neutered: YES/NO
Date last vac:	Date last wormed:
<p>Most major insurance companies cover hydrotherapy for animals, but please check with your insurance company prior to appointment if you wish to make a claim. Clients will be expected to meet the cost of a treatment, claiming reimbursement from their insurance company. Reports provided upon request.</p>	
<b>VETERINARY DETAILS</b>	
Veterinary Surgeon:	Tel:
Practice:	Fax:
Address:	Email:
Reason for hydrotherapy (Please state any surgical procedures/intervention used):	
Summary of relevant clinical conditions:	
Current / recent medication:	
Contraindications to treatment:	
<b>Should assessment reports be provided post treatment? – YES / NO</b>	
<b>Should therapist contact you prior to treatment for case discussion? - YES / NO</b>	
I certify that the above animal is under my care, and consent to the treatment of this animal.  Vet signature:  Print name: Date:	I am the owner of the above animal and I consent to treatment.  Owner signature:  Print name: Date: