

## VETERINARY REFERRAL FORM

All information contained in this form is strictly confidential

Animal's Details			
Name:	DOB:	Colour:	Sex:
Breed:	Vaccinations due:		

Owner's Details			
Name:			
Address: (incl postcode)			
Telephone numbers:	Home:		Mobile:
	Email:		

Vet's Details			
Vet:			
Address:			
Telephone No:		Email:	
Diagnosis :			
Medication:			
Pre- existing conditions:			
<b>I consent to this animal receiving appropriate hydrotherapy treatment and aquatic massage.</b>			
Vet's name: Print Name			
Vet's signature:		Date:	

Many thanks for completing this referral form. If you would prefer to use an electronic rather than handwritten signature the act of typing your name in the box above has the same effect as using your handwritten signature. If this form is completed using an electronic signature rather than handwritten signature this form will **only** be accepted if sent directly to [enquiries@tudorhydrotherapy.com](mailto:enquiries@tudorhydrotherapy.com) from the veterinary practice's email address. In addition, please send all clinical history, referral reports and relevant information to [enquiries@tudorhydrotherapy.com](mailto:enquiries@tudorhydrotherapy.com)