



VETERINARY REFERRAL FORM

Country Canines Hydrotherapy

Summerfield House, Nantwich road, Broxton, Chester, Cheshire, CH3 9JH

01829 782627

info@cchydrotherapy.co.uk

www.cchydrotherapy.co.uk



OWNER'S DETAILS					
Name					
Address					
Post Code					
Tel. No.					
Email					
DOG'S DETAILS					
Name		Sex		Insured	Y / N
Breed		D.O.B		Insurance Company	
Colour		Vaccination Expiry Date		Policy Number	
VETERINARY DETAILS (This section MUST be completed and signed by the dog's Veterinary Surgeon)					
Veterinary Surgeon					
Practice					
Address					
Tel. No.					
Information regarding condition: Reasons for treatment:					
Type of surgery (if applicable):					
Date of surgery (if applicable):					
Summary of relevant clinical conditions:					
Is the dog on medication? Please list:					
I certify that the above dog is under my care & consent to the treatment of this dog (Hydrotherapy/Physiotherapy/Massage:					
Veterinary Signature: Date:					

Please attach full clinical history together with any relevant x-rays

Once completed, please email to info@cchydrotherapy.co.uk

Please request if you require a report-we may contact you prior to the first session to discuss the case in more detail.