

# Lichfield Hydrotherapy Centre

## Veterinary Referral/Consent Form

### Owner Information

Name:	Address:
Contact Number:	Email:
I/we declare that I/we are the legal owner(s) of the above named pet and that the information shown on this form is correct and I/we consent to the disclosure of clinical information regarding my/our pet by my/our veterinary surgeon for the purposes of referral.	
Owners Signature:	Date:

### Dog Information

Name:	Breed:
Age:	Sex:
Weight:	Neutered: Yes/No
Insured? Yes/No	Policy Number:
Insurance Company:	Up to Date Vaccinations: Yes/No

### Veterinary Details

Practice:	Telephone:
Address:	Email:
	Veterinary Surgeon:

### Condition

Condition Referred For:	Medication:
Notes:	Areas of Concern:
	Weeks Post Op? (If Applicable)

Is this dog in a suitable state of health to undergo Hydrotherapy	YES / NO
Signature: (must be signed by vet)	Date



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