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| --- | --- | --- | --- | --- | --- | --- | --- |
| **NARCH HYDROTHERAPY REFERRAL FORM** | | | | | | | |
| **OWNER’STHIS PART IS TO BE COMPLETED BY THE CLIENT ETAILS** | | | | | | | |
| CLIENT NAME |  | | | | | | |
| ADDRESS / POSTCODE |  | | | | | | |
| PHONE. NO. |  | | | MOBILE NO. | |  | |
| E-MAIL ADDRESS |  | | | | | | |
| **DOG’S DETAILS** | | | | | | | |
| NAME OF DOG | |  | | | DATE OF BIRTH  AGE | |  |
| BREED | |  | MALE / FEMALE | | VACCINATED | |  |
| INSURANCE COMPANY | |  | | | POLICY NO | |  |
| **I / We are the legal owner(s) of the Dog named above AND agree to allow XXXXXXXXXXXXXXXXXXXXXX to contact my Vet in relation to treatment AND have read and fully accept the XXXXXXXXXXXXXXXXXXXXXXX Terms and Conditions.**  **Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **THIS PART IS TO BE COMPLETED BY THE VETERINARY SURGEON** | | | | | |
| **VETERINARY DETAILS** | | | | | |
| VET NAME |  | | PRACTICE | |  |
| ADDRESS & POSTCODE |  | | | | |
| PHONE. NO. |  | | FAX NO. |  | |
| E-MAIL ADDRESS |  | | | | |
| **SUMMARY OF THE DOG’S INJURY / CONDITION – PLEASE ENSURE THIS SECTION IS COMPLETE** | | | | | |
| REASON FOR REFERRAL – PLEASE GIVE SPECIFIC DETAILS. | | | | | |
| DATE OF SURGERY, (IF APPLICABLE) | |  | | | |
| MEDICATION | |  | | | |
| ANY OTHER MEDICAL PROBLEMS –  E.G. CARDIAC, RESPIRATORY, EPILEPSY, DIABETES, EAR PROBLEMS ETC. | |  | | | |
| IS THE DOG NERVOUS OR AGGRESSIVE? | |  | | | |
| TYPE OF HYDROTHERAPY TREATMENT TREATMENT FUN & FITNESS | | | | | |
| **I understand that any hydrotherapy treatment given to the above animal is the responsibility of the NARCH Registered Canine Hydrotherapist based on the information requested.**  **Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Stamp**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

April 2020