



“Splash for Dogs helping dogs to recover since 2009”

Only highly qualified level 3 hydrotherapists on duty

High level of experience dealing with many Orthopaedic and Neuro conditions

VETERINARY REFERAL FORM

This section **MUST** be completed and signed by the dog's Veterinary Surgeon

Client name: _____ Client phone number: _____

Dog 1

Veterinary Surgeon Practice Address	
Tel. No.	
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?	
Summary of the dog's injury/condition, areas of caution, comments etc. Is the Dog on medication? if so please provide details.	

Dog 2

Veterinary Surgeon Practice Address	
Tel. No.	
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?	
Summary of the dog's injury/condition, areas of caution, comments etc. Is the Dog on medication? if so please provide details.	

IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT?

YES / NO *

Signature _____ Date __/__/__

* Please delete as applicable

COMMENTS/NOTES

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