



Durham K9 Hydro  
Rehabilitation Centre



## REHABILITATION REFERRAL/CONSENT FORM

VETERINARY DETAILS (This section MUST be completed and signed by the dog's vet)			
Veterinary Surgeon:			
Practice:			
Tel:	Fax:	E-mail:	
OWNERS DETAILS			
Name:			
Address:			
Home Tel:		Mobile:	
E-mail:			
Insured: Y/N		Insurance Company:	
Policy No:			
PATIENT DETAILS			
Name:		Breed:	
Age:		Colour:	
Sex:		Vac Expiry:	
DETAILS OF DATES/INJURY/CONDITION/SURGERY			
Please give details if on medication:			
<b>Does the patient suffer from any of the following:</b>			
VESTIBULAR SYNDROME	Y/N	CARDIAC PROBLEMS	Y/N
EAR/SKIN CONDITIONS	Y/N	INCONTINENCE	Y/N
		EPILEPSY	Y/N
		OTHER ORTHOPAEDIC CONDITIONS	Y/N

In your opinion, is the patient in a suitable state of health to undergo rehabilitation? Y/N

Veterinary signature: ..... Date .....

I/We declare to be legal owner(s) of the above patient and all information provided is correct.

Client(s) signature .....

Physiotherapist: Andrea Bainbridge, ACPAT (Category A)

Hydrotherapist: Jan Oliver

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