

Meadow Farm Canine Hydrotherapy and Rehabilitation

Client Registration and Veterinary Referral Form

<i>Client Name</i>					
<i>Address</i>					
			<i>Post code</i>		
<i>Telephone</i>				<i>Email</i>	
<i>Dog's Details</i>					
<i>Name</i>		<i>Sex</i>		<i>Insured</i>	<i>Yes / No</i>
<i>Breed</i>		<i>Neutered ?</i>		<i>Company</i>	
<i>Colour</i>		<i>Age</i>		<i>Last Vaccination</i>	
<i>Veterinary Details</i> <i>(This section must be completed by the referring Veterinary Surgeon)</i>					
<i>Veterinary Surgeon</i>					
<i>Practice</i>					
<i>Address</i>					
			<i>Telephone</i>		
<i>Summary of Medical History</i> <i>please include; x-ray results, hip scores, surgical intervention, medication</i>					
<i>Please continue on a separate sheet if necessary, a copy of relevant case notes is of great help to us</i>					
<i>Rehabilitation takes place under the guidance of a veterinary physiotherapist. All patients will receive an initial physiotherapy assessment prior to embarking on aquatic treadmill therapy and their progress monitored accordingly.</i>					
<i>Please indicate whether the above named dog is in a suitable state of health to undergo hydrotherapy & physiotherapy: YES / NO (please circle)</i>					
<i>We also offer veterinary acupuncture. Please indicate whether you consent to your patient receiving acupuncture should it compliment their rehabilitation programme: YES / NO (please circle)</i>					
<i>Vet Signature</i> _____			<i>Date</i> _____		
<i>I declare that I am the legal owner of the above named dog and that the information given is correct. I hereby agree to allow Meadow Farm Hydrotherapy to carry out hydrotherapy and physiotherapy treatment. I have read and understood the Terms and Conditions and agree to Meadow Farm contacting me and processing my data as indicated in the privacy policy. I understand that I can opt out of further contact at any time.</i>					
<i>Owner's Signature</i> _____			<i>Date</i> _____		