

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> (This section must be completed by the referring Veterinary Surgeon)							
<i>Veterinary Surgeon</i>							
<i>Practice</i>							
<i>Address</i>							
			<i>Telephone</i>				
<i>Summary of Medical History</i> please include; x-ray results, hip scores, surgical intervention, medication							
<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 a pain management service run by a qualified veterinary acupuncturist. Please indicate whether you consent to your patient receiving acupuncture should it compliment their rehabilitation programme.</i>							
<i>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.</i>							
<i>Owner's Signature</i> _____				<i>Date</i> _____			