Snazzy Swimmers, Unit 5 Lower Soldridge Business Park
Soldridge Road, Medstead, Hants, GU34 5JF
Snazzy.swimmers@gmail.com
01420 563497 / 07715940636

HYDROTHERAPY REFERRAL FORM

THIS PART IS TO BE COMPLETED BY THE CLIENT

CLIENT NAME			
ADDRESS / POSTCODE			
PHONE. NO.		MOBILE NO.	
E-MAIL ADDRESS			

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 Snazzy Swimmers to contact my Vet in relation to treatment AND have read and fully accept the Snazzy Swimmers Terms and Conditions.
Signature(s) _____ Date _____

THIS PART IS TO BE COMPLETED BY THE VETERINARY SURGEON

VET NAME		PRACTICE	
ADDRESS & POSTCODE			
PHONE. NO.		FAX NO.	
E-MAIL ADDRESS			

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 CHA Registered Canine Hydrotherapist based on the information requested.

Signature(s) _____ **Practice Stamp**

Date _____

April 2020