



## NARCH 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	
<b>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.</b>			
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
<b>I understand that any hydrotherapy treatment given to the above animal is the responsibility of the NARCH Registered Canine Hydrotherapist based on the information requested.</b>			
Signature(s) _____	Practice Stamp		
Date _____			