



HYDROTHERAPY REHABILITATION & WELLNESS CENTER  
**Veterinary Referral Form**

Referral forms can be either:

For appointments please call: 832 863 9455

- Emailed to: [info@k9healthcenter.com](mailto:info@k9healthcenter.com)
- Brought along to the first appointment

**Section A - Dog Details**

Name: ..... DOB:.....

Breed:..... SEX:.....

Is the animal insured: YES/NO

a. Insurance Company.....

Policy No .....

Vaccination Expiration dates:

Dhlpp .....

Bordetella .....

Rabies .....

**Section B - Owner Details**

**Name:**.....

**Address:**.....

**Zip Code:** .....

**Contact telephone:** \_\_\_ / \_\_\_ / \_\_\_

**Contact email address:**.....

**Section C - Referring Veterinarian**

Veterinary Surgeon/ Doctor: .....

Practice Address: .....

..... Zip Code:.....

Telephone No: ..... Email: .....

Special instructions/areas of caution.....

Reason for Referral: .....

.....

Relevant Medical History: (Full History, MRI scans, ultrasound reports and medication are required).

**Veterinary Surgeons Declaration**

I recommend/consent this animal attends for assessment and any appropriate treatment. In my opinion this dog is in a suitable state of health to undergo rehabilitation that may include:

- Hydrotherapy (Pool/ Spa/ Treadmill)
- Laser therapy
- Physio therapy
- Canine Massage

I understand, in making this referral, I am not responsible for any assessment or treatment given and the provision of professional indemnity insurance for treatment is the responsibility of K9 Health Center.

Doctors Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**Section D - Owner s Declaration**

We declare the I/We Am/Are the legal owners(s) of the dog named above and that the information shown on this form is correct. We have read, understood and agree to the terms and conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_