



Hydrotherapy Veterinary Consent/Referral Form

Documents can be either:

• Emailed to: info@k9healthcenter.com

For appointments please call: 832 863 9455

• Brought along to the first appointment

Section A - Dog Details

Name: DOB.....

Breed:..... Sex..... Neutered/Spayed Y/N

Insurance:

Is the animal insured: Y/N Policy Number:.....

Company.....

Vaccination Expiration dates:

Dhlpp Bordetella Rabies

Medical reason for non vaccination (if any).....

Section B - Owner Details

Name.....

Address.....

Zip Code: **Contact telephone:** ___ / ___ / ___

Contact email address:.....



Section C – Veterinarian Information

Veterinary Surgeon/ Doctor:

Practice Address:

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

Telephone No: Email:

Special instructions/areas of caution.....

Reason for Treatment:

Relevant Medical History: (Full History, MRI scans, ultrasound reports & 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 treatment that may include:

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

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 _____