
**Doggy-Paddle
REFERRAL FORM**

Vets name.....

**In your opinion is the dog in a suitable state of health to undergo hydrotherapy
Treatment Yes/No**

Signature.....

Address.....
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Tel no.....

Owners name.....

Address.....

Tel no.....

Dogs name.....Age.....

Breed.....Male/Female

Insured? Yes/ No

Brief Outline of relevant Clinical history:

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Requirements of therapy,
Areas of caution, comments etc:

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