

REFERRING VETERINARY CONSENT

Owner's Details	Address
Name:	
Tel:	Email:

Patient's Details	Name:	
Breed:	Sex:	
DoB/Age:	Neutered/Entire:	
Date of most recent vaccinations / Titer test:		
Does your dog have any known behavioural issues we should be aware of?		

Declaration I hereby give consent for my veterinary surgeon to share my dog's medical history with Aqua Canis Hydrotherapy Centre and for it to be kept on file for the duration of treatments and programmes accessible to my dog.	
Signed:	Print name:
	Date:

Veterinary Details	Address:
Practice Name:	
Tel:	Email:
Summary of the dog's injury/condition:	
Areas of caution:	
Current medication?	
Are you aware of any known behavioural issues?	

Declaration In my opinion the above canine is suited to undergo hydrotherapy and/or physiotherapy at Aqua Canis by qualified therapists.	
Veterinary Surgeon [PRINT NAME]:	Date:
Signature:	Practice Stamp: