



Vet Assessment Referral Form

Veterinary Details

Vet Clinic: _____

Address: _____
Street Address *Postcode*

Telephone No: _____ Fax No: _____

Email Address: _____

Referring Veterinary Surgeon: _____

Owner's Details

Full Name: _____

Address: _____
Street Address *Postcode*

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Pet's Details

Name: _____ Neutered/Sterilised: Yes / No

Breed: _____ Age: _____ Sex: M / F Weight: _____

Date of last vaccination: _____

Current Medication: _____

Please continue at the back.

Reasons for Hydrotherapy Referral

Please tick box/boxes

- | | |
|--|---|
| <input type="checkbox"/> Amputation: _____ | <input type="checkbox"/> Muscle Tear, Sprain and Strain |
| <input type="checkbox"/> Arthritis/Osteoarthritis | <input type="checkbox"/> Neurological or Neuromuscular Disease |
| <input type="checkbox"/> Balance Disorders | <input type="checkbox"/> Obesity Management |
| <input type="checkbox"/> Cauda Equina Syndrome (Lumbosacral Disease) | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Cruciate Ligament | <input type="checkbox"/> Patella Luxation (Grade: ____) |
| <input type="checkbox"/> Degenerative Joint Disease (DJD) | <input type="checkbox"/> Pre & Post-Surgery: _____ |
| <input type="checkbox"/> Degenerative Myelopathy (DM) | <input type="checkbox"/> Proprioception Deficits |
| <input type="checkbox"/> Elbow and Shoulder Dysplasia | <input type="checkbox"/> Spondylosis (Cervical/Thoracic/Lumbar) |
| <input type="checkbox"/> Fibrocartilagenous Embolism (FCE) | <input type="checkbox"/> Spinal Issues |
| <input type="checkbox"/> Fracture: _____ | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Hip Dysplasia | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Intervertebral Disk Disease (IVDD) | <input type="checkbox"/> Vestibular Disorders |
| <input type="checkbox"/> Muscle Atrophy | <input type="checkbox"/> Others: _____ |

Clinical History:

Summary of relevant clinical conditions:

Veterinary Surgeon's Declaration:

I certify that the above animal is under my care, and is in a suitable condition to undergo hydrotherapy treatment.

Vet Signature: _____

Date: _____