# CROSSWAYS KENNELS & HYDROTHERAPY CENTRE

Station Road, Betchworth, Surrey RH3 7DF

Tel: 01737 842054
info@crosswayskennels.co.uk ~ www.crosswayskennels.co.uk

Client Name

Address Email

Phone

Pets Name

For: **FUN** **FITNESS** **WEIGHT LOSS** **MEDICAL** purposes.

In order to do this we would be grateful if you could complete and return this form to us with a **BRIEF HISTORY**, a copy of **CLINICAL HISTORY** if possible, and your **SIGNATURE OF APPROVAL** for us to carry out hydrotherapy treatment. Please return by email a scanned copy to info@crosswayskennels.co.uk. If you feel you need to discuss this particular referral with us then do not hesitate to contact us on 01737 842054.

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| **Veterinary practice:** | | | | | | |
| **Referring Vet:** | | | | | | |
| **Dog's Breed:** | | **Sex:** | **FN** | **Age:** | | |
| **Date and type of most recent vaccination:** | | | | | | |
| **Weight:** | | **Date of last general health check:** | | | | |
| **Faecal or urinary incontinence:** | | **Body condition and fitness:** | | | | |

Injuries or surgical procedures: (please include past and present and include dates)

Existing conditions: (e.g. heart murmurs, hypo/hyperthyroidism, epilepsy, skin conditions)

Present treatment: (any medication, physio etc)

**IN MY OPINION THE ABOVE ANIMAL IS SUITABLE FOR HYDROTHERAPY TREATMENT.**

…… …… ……..
Signature of referring Veterinary Surgeon Print name Date

**IF NECESSARY PLEASE SPECIFY THE TYPE OF HYDROTHERAPY TREATMENT REQUIRED**
(We may use a combination if condition allows. If this is not suitable for the referred animal please state below)

Pool
Water treadmill

**Thank you for your time and assistance with this matter.**

…… …… ……..
Signed Print name Date