

Please complete Sections A & B in BLOCK CAPITALS and then the pass form to your Veterinary Surgeon, kindly requesting they complete Section C. The form must then be returned to Paws4Rehab, with the owner's signature as consent for treatment. We are unable to assess or treat your animal without the signed consent of the Veterinary Surgeon in Section C.

Section A: Owners details

Name:			
Address:	Home phone:		
	Mobile:		
Postcode:	Email:		
Signature:	Date:		

Section B: Client details

Name:			
Species/Breed:	Neutered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sex:	Insured/Self Funded?		
DOB:	Company:		
Signature:	Fully Vaccinated?		

Section C: Veterinary Practice

(TO BE FILLED IN BY YOUR VETERINARY SURGEON)

Veterinary Surgeon:			
Practice Address:	Telephone:		
	Fax:		
Postcode:	Email:		
Reason for referral:			
Brief medical history:	Current Medication:		
	Investigations to date:		
	Any contraindications to treatment:		

Veterinary Surgeon's Declaration:

In my opinion, the animal detailed above is in a suitable state of health to undergo Hydrotherapy/Veterinary Physiotherapy.

Signature:	Date:
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