



Paddock Mews, Binbrook

Lincolnshire, LN8 6DS

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www.squirrelodgecentre.co.uk

VETERINARY REFERRAL FORM

Owners Details

Name Tel No

Address

Animal Details

Name Sex M/F Neutered Yes/No

Breed DoB

Colour Insured Y/N Policy No

Insurance Company

Vaccinated Y/N Expiry Date

I declare I am the owner of the above mentioned dog and give permission for my veterinary surgeon named below to share all the information requested by Squirrel Lodge Centre Ltd to include that requested on this form, full clinical history and copies of any X-Rays or scans.

Owners Signature _____

Practice Details

Practice Name

Address

Tel No Fax No

Email

Referring Veterinary Surgeon

Health Assessment

Date Weight
Heart Rate Murmur Y/N Grade
Skin
Eyes Ears

Mobility

Faecal/Urinary Incontinence
General Condition/Fitness
Behaviour Considerations

Case History

Details of current condition and any surgical procedures

Present treatment including medication

Specific requirements/aims for hydrotherapy

In my opinion the animal named above **is/is not** in a suitable state of health to undergo **hydrotherapy and rehabilitation** or **fitness training.**

Veterinary Surgeon Name

Signature Date

If possible please provide a copy of the animal's full clinical history and relevant X-Rays/scans- Thank you.

Please note it is our policy and part of our quality standards not to accept an animal for hydrotherapy without a veterinary referral.

