AQUACANINE
HYDRO & VETERINARY PHYSIO

Aqua Canine Hydro & Veterinary Physio
Unit 5, Brechin Business Centre, 10 Southesk Street, Brechin DD9 6DY
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Veterinary Referral Form

Under the Veterinary Surgeons Act 1966, we need veterinary consent before treating any dog. Owners: please complete sections 1 and 2, then ask your vet to complete and sign sections 3 to 5.

1 OWNER DETAILS

Name _____ Phone _____

Address _____

Postcode _____ Email _____

2 DOG DETAILS

Dog's name _____ Breed _____

Age _____ Sex / neutered _____ Weight (kg) _____

3 REFERRING VET

Vet practice _____ Vet name _____

Phone _____ Email _____

4 CLINICAL INFORMATION

Diagnosis / condition

Surgery date & details (if applicable)

Relevant history

Current medications

5 TREATMENT CONSENT

I consent to the above dog receiving the following treatment(s) at Aqua Canine (please tick all that apply):

☐ Hydrotherapy ☐ Veterinary physiotherapy ☐ Class 4 laser therapy

Contraindications or restrictions

Vet signature _____ Date _____ RCVS no. _____ Practice stamp _____

Returning this form: please email the completed form to **aquacanine13@gmail.com**, or hand it in at your dog's first appointment.