

Meadow Farm Canine Hydrotherapy and Rehabilitation

Client Registration and Veterinary Referral Form

<i>Client Name</i>					
<i>Address</i>					
			<i>Post code</i>		
<i>Telephone no.</i>					
<i>Dog's Details</i>					
<i>Name</i>		<i>Sex</i>		<i>Insured</i>	<i>Yes / No</i>
<i>Breed</i>		<i>Neutered ?</i>		<i>Company</i>	
<i>Colour</i>		<i>Age.</i>		<i>Last Vaccination</i>	
<i>Veterinary Details</i> <i>(This section must be completed by the referring Veterinary Surgeon)</i>					
<i>Veterinary Surgeon</i>					
<i>Practice</i>					
<i>Address</i>					
			<i>Telephone no</i>		
<i>Summary of Medical History</i> <i>please include; x-ray results, hip scores, surgical intervention, medication</i>					
<i>Please continue on a separate sheet if necessary, a copy of relevant case notes is of great help to us</i>					
<i>At Meadow Farm we offer a range of treatments by qualified and registered therapists, please indicate below if you consent to this dog receiving these treatments. Please contact us on the number below if you would like to talk to these therapists first, therapists will contact you prior to treatment for formal consent and history.</i>					
<i>Acupuncture</i>	<i>YES / NO</i>	<i>McTimoney Therapy</i>	<i>YES / No</i>	<i>Physiotherapy</i>	<i>YES / NO</i>
<u>PLEASE EXAMINE THE DOG FULLY BEFORE COMPLETING THIS FORM</u>					
<i>In your opinion, is the above named dog in a suitable state of health to undergo hydrotherapy. YES / NO</i>					
<i>Signature</i> _____			<i>Date</i> _____		
<i>I declare that I am the legal owner of the above named dog and that the information given is correct. I hereby agree to allow Meadow Farm Hydrotherapy to carry out hydrotherapy treatment.</i>					
<i>Signature</i> _____			<i>Date</i> _____		

Please forward to, Meadow Farm, North Common, Hepworth, Diss, Norfolk, IP22 2PR Tel/Fax 01359 250310