



Unit 2 Marina Park, Harbour Road, Lydney, Glouc., GL15 5ET

01594 844222

team@bilboshydro.co.uk

Veterinary Referral Form

| | | | | |
|-----------------------------|--------------|---------------|------------------|-------------|
| Reason for referral: | Hydrotherapy | Fun & Fitness | Help Weight Loss | Performance |
|-----------------------------|--------------|---------------|------------------|-------------|

Please circle/tick

| | | | |
|----------------|--|---------|--|
| Client Name: | | | |
| Address: | | | |
| Postcode: | | | |
| Telephone: | | Mobile: | |
| Email address: | | | |

| | | | |
|--------------------|--|----------------|-------|
| Pet's Name: | | Date of Birth: | |
| Breed: | | Age: | |
| Colour: | | Sex: | M / F |
| Vaccination date: | | Neutered? | Y / N |
| Insurance Company: | | Policy Number: | |

| | |
|-------------------------------|--|
| Referring Veterinary Surgeon: | |
| Practice: | |
| Address: | |
| Telephone: | |
| Email address: | |

Summary of Pet's Injury/Condition *(This section MUST be completed by the veterinary Surgeon)*

Please attach or email a copy of the medical notes for this patient.

Details of Medications including Dosages

In your opinion, is the pet named above in a suitable state of health to undergo hydrotherapy?

Yes No Print Name:

Please circle

Signature: Date:

I/We declare that I/We Am/Are the legal owner(s) of the pet named above and that the information shown on this form is correct. Further I/We have read and fully accept Bilbo's Hydrotherapy and Pet Spa Terms and Conditions.

Signature (s): Date:

How Did You Hear About Us? |