

# 4 Paws Hydrotherapy Centre

Unit C Ringwood Trading Estate, Castleman Way, Ringwood, BH24 3BA  
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## Fun and Fitness Referral Form

### **Owner Details:**

Name:	Postal Code:
Address:	Tel: Home: Mobile: Email:
I have received and fully accept the 'pre-swim information' document of treatment at 4 Paws Hydrotherapy Centre. I, as the legal owner of the dog accept full responsibility for divulging any facts that may be relevant during treatment, particularly in respect of any changes to the dog's health.	
Read & agreed. Please Sign: .....Please Print Name:.....	

### **Patient Details:**

Name:	Sex:	DOB:
Breed:	Colour:	Weight:

### **Veterinary Details:** (This section MUST be completed and signed by the patient's veterinary surgeon.)

Practice Name:	Name of Referring Vet:
Address:	Telephone: Fax:
Postal Code:	Email:

**Patients referred for a fun and fitness session will not be given any rehabilitation exercises once in the pool. Please state if there is any condition present that may be of concern to the hydrotherapist:**

Details of any current Medication:

In your opinion, is the patient stated above in a suitable state of health to undergo a fun and fitness hydrotherapy session? Yes / No

Signed:	Date:
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