



**VETERINARY ASSESSMENT AND REFERRAL FORM FOR SUITABILITY TO HYDROTHERAPY  
AND AQUATIC MASSAGE**

**PRACTICE DETAILS:**

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Referring Veterinary Surgeon: \_\_\_\_\_

**DOG'S DETAILS:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Colour: \_\_\_\_\_

Insured: YES/NO

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vaccinated: YES/NO

Date next vaccinate due: \_\_\_\_\_

**OWNER'S DETAILS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

The Pawfect Retreat, Moor Farm, Moss Lane, Hightown, Liverpool L38 3RA

E: [caninehydrotherapy@thepawfectretreat.co.uk](mailto:caninehydrotherapy@thepawfectretreat.co.uk)

Tel: 07482 565979

**HEALTH ASSESSMENT DATE:**

Heart Rate: \_\_\_\_\_ Lungs/Respiration: \_\_\_\_\_

Heart Murmur: YES/NO \_\_\_\_\_ Grade: \_\_\_\_\_

Weight: \_\_\_\_\_ Skin: \_\_\_\_\_

Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_

Mobility: \_\_\_\_\_

Faecal or Urinary Incontinence: \_\_\_\_\_

Last Date of Worming: \_\_\_\_\_

Body Condition/Fitness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behaviourial consideration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELEVANT CASE HISTORY:**

Give details of any injury/surgical procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present treatment including medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of and status at last examination (lameness/neuro status): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific requirements - aims and goals of hydrotherapy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reassessment date: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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