

CANINE FITNESS & REHABILITATION CENTRE

WWW.THECANINEFITNESSCENTRE.CO.UK



VETERINARY REFERRAL FORM



INSTRUCTIONS FOR COMPLETION:
INSTRUCTIONS FOR RETURN:

OWNER TO COMPLETE SECTION A & B | VET TO COMPLETE SECTION C
EMAIL, POST OR HAND DELIVER TO THE CANINE FITNESS CENTRE

SECTION A | CLIENT DETAILS

FULL NAME:

EMAIL:

TELEPHONE:

ADDRESS:

DECLARATIONS: I CERTIFY THAT I AM THE LEGAL OWNER OF THE BELOW NAMED ANIMAL AND CONSENT FOR THE TREATMENT OF THIS ANIMAL BY PHYSIO & HYDRO THERAPIES

I AGREE TO THE TERMS SET OUT AT WWW.THECANINEFITNESSCENTRE.CO.UK

I AGREE THAT MY DATA MAY BE SHARED AMONGST THE ORGANISATIONS BASED AT THE CANINE FITNESS CENTRE TO FACILITATE SERVICE & PRODUCT ADMINISTRATION

PHYSIOLOGICAL IMAGING ONLY: I UNDERSTAND THAT IMAGING IS AN ADJUNCTIVE TEST AND IS NOT AN INDEPENDENT DIAGNOSIS. YOUR REPORT IS FOR USE BY TRAINED HEALTH PROVIDERS AND NOT INTENDED FOR SELF-EVALUATION OR SELF-DIAGNOSIS.

SECTION B | ANIMAL DETAILS

NAME: SEX: MALE FEMALE NEUTERED

DATE OF BIRTH: BREED:

LAST VET VISIT: COLOUR:

SECTION C | CLINICAL HISTORY & VETERINARY CONFIRMATION

CLINICAL HISTORY:

Please provide a summary of any relevant clinical conditions of the above animal including current medication.

IN MY PROFESSIONAL OPINION, THE ABOVE ANIMAL IS IN A SUITABLE STATE OF HEALTH TO UNDERTAKE CLINICAL STANDARD:

- MUSCULOSKELETAL CHECKS
- DYNAMIC EXERCISES
- PHYSIOTHERAPY
- HYDROTHERAPY
- PHYSIOLOGICAL IMAGING

STATEMENT VALID:

- FOR _____ MONTHS
- UNTIL OTHERWISE ADVISED

VET SURGEON:

ADDRESS:

EMAIL:

TELEPHONE:

Vet Signature:

Date:

RETURN ADDRESS:

CANINE FITNESS & REHABILITATION CENTRE
GREENFORD FARM, STONER HILL ROAD, FROXFIELD, HAMPSHIRE, GU32 1DY
CALL US: (+44) 02392 16 22 23
EMAIL US: REFERRALS@THECANINEFITNESSCENTRE.CO.UK

ACCREDITED MEMBERS OF:

