



From Hydrotherapy – Four Paws, The Wickham Canine Rehabilitation Centre

TO: _____

AT: _____

FAX No. _____ **TEL No.** _____ **No. of pages:** _____ **Date:** / /

A client of yours has contracted us requesting an appointment for:

- | | | |
|---|--|--|
| <input type="checkbox"/> HYDROTHERAPY
A member of NARCH | <input type="checkbox"/> PHYSIOTHERAPY
Rachel Quinn Pg Dip ACPAT Cat A
Sarah Simpson Pg Dip VetPhys
Leanne Turner Adv Cert VetPhys | <input type="checkbox"/> ACUPUNCTURE
Susan Andresier BVetMed MRCVS MABVA |
| <input type="checkbox"/> FITNESS SWIM | | <input type="checkbox"/> Please tick if you would like a physiotherapy report |

First appointment booked on: _____

We require veterinary permission and (when necessary) medical history for every dog that attends Hydrotherapy – Four Paws. If you would like to discuss a case in more detail you are welcome to telephone and speak directly to the physiotherapists or practitioners.

CLIENT/OWNER DETAILS

Name:
Address:
Postcode:
Tel No:

DOG DETAILS

Call Name:
Breed:
Colour:
Age:
D.O.B:
Gender: Dog <input type="radio"/> Bitch <input type="radio"/>
Neutered: Yes <input type="radio"/> No <input type="radio"/>

VETERINARY DETAILS (this section **MUST** be completed and signed by the dog's veterinary surgeon)

Practice:
Address:
Postcode:

Summary of the dog's injury/condition, areas of caution, comments etc:

Signature of Veterinary surgeon:
Print Name:
Date: / /



PLEASE FAX BACK TO: 01329 550 182

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