

Canine Water Wellness Ltd.

Hydrotherapy Referral Form

Owner's Name: _____

Address: (with postal code): _____ Phone: _____

Dog's Name: _____ Age/D.O.B: _____ Sex: _____

Please provide diagnosis, pertinent medical history and any condition afflicting the above patient.

Note: Please be aware of the following contraindications. Check any that apply:

Cardiac conditions	
Pulmonary disease	
Epilepsy	
Hypo-thyroidism	
Diabetes	
Non-stabilized breaks /fractures	

Dogs with these conditions can still swim but the therapist must be made aware of the condition and of any changes. Please indicate any concerns.

(please print)

Veterinarian's Name (please print): _____

Clinic: _____

Phone: _____ Fax: _____

Email: _____

*Veterinarian's Signature: _____ Date: _____

Note: Please be advised that in case of a medical emergency the animal will be treated at Blair Animal Hospital because of their proximity to the centre. If you would prefer the animal be brought to the regular vet please check here _____.