

Name:.....

Address:..., .....

Post Code:..... Home Tel:..... Mobile Tel:..

Email:.....

Date:...../...../.....20.....Signature:.....

By signing this document you are stating that you have read our terms & conditions, benefits & risks of rehabilitation and agree to be bound by them. Additionally, as the legal owner(s) of the dog, accept full responsibility for divulging any and all facts that may be relevant during treatment, particularly in respect of any changes in the dogs' health. I/We declare that the information shown on this form is correct.

### Patients' details

Name:.....Breed:.....DOB:...../...../20.....

Sex:.....Spayed/Neutered:...Yes / No.....

Vaccinations last given:...../...../.....

### Veterinary referral (to be completed by a vet)

#### Veterinary Practice Details

Name.....

Telephone:.....

Address.....

Fax:.....

.....

Email:.....

#### Declaration

I have examined the above dog named animal at rest. I can see no reason why he/she should not undertake moderate controlled exercise, physical therapies and/or be subject to careful manipulation (Physio only). I have not been able to evaluate his/her "cardiovascular" capacity for swimming but see no reason why this shouldn't be performed given the state of the animal.

Referring Veterinary Surgeon:.....

Signature:.....Date:.....

Please complete as much relevant information as you can as this will assist us greatly in treating this patient.

**Condition(s) & reason for referral:**

**Medication (if Applicable) and/or concerns:**

THANK YOU FOR THIS REFERRAL.

☎ 01325 802738



info@butterwickanimalrehab.co.uk

[www.butterwickanimalrehab.co.uk](http://www.butterwickanimalrehab.co.uk)

