



All-About-Dogs Canine Hydrotherapy

The Annex - Holloway House - Holloway Road - Heybridge - Maldon - Essex - CM9 4SG

www.allaboutdogs-hydrotherapy.co.uk
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Veterinary Liaison form (VLF02/12)

FAX MESSAGE

To _____

At _____

Fax No. _____ Tel. No. _____

No of pages _____ Date _____

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

HYDROTHERAPY first appointment booked on: _____

FITNESS SWIM

We require veterinary permission and (when necessary) medical history for every dog that attends All-About-Dogs. If you would like to discuss a case in more detail you are welcome to telephone and speak directly to the hydrotherapist – contact details above.

OWNERS DETAILS

Name	Tel. No.
Address	
With a dog named	Sex
Breed	D.O.B

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

Practice	Tel. No.
Address	
Summary of the dog's injury/condition/medication, areas of caution, comments, etc.	
Veterinary Surgeon (PRINT NAME) _____	
Signature _____	Date _____

VETERINARY PERMISSION *(this section MUST be completed and signed by the dog's Veterinary Surgeon)*

I believe the dog named above to be of suitable overall health to undertake hydrotherapy			
<i>Please tick</i>	Treatment Swim	Fitness Swim	Puppy Swim
Veterinary Surgeon (PRINT NAME) _____			
Signature _____	Date _____		

**PLEASE FAX BACK TO 01621 731531
TELEPHONE 07530 328661**

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