



**TO:** \_\_\_\_\_

**AT:** \_\_\_\_\_

**FAX No.** \_\_\_\_\_ **TEL No.** \_\_\_\_\_ **No. of pages:** \_\_\_\_\_ **Date:**     /     /

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

**HYDROTHERAPY**

**Hydrotherapy Pool**

**Underwater Treadmill**

A Member of NARCH  
Sarah Simpson RCH Pg Dip VetPhys  
Lisa Pacey RCH  
Louise Holliday RCH RVN  
Hannah Sampson BSc (Hons) Vet Phys  
Jenny Ayling RCH

**PHYSIOTHERAPY**

Sarah Simpson RCH Pg Dip VetPhys MIAAT  
Hannah Sampson BSc (Hons) Vet Phys  
IRVAP RAMP

Please tick if you would like a physiotherapy report

Please tick if you would like a home visit by an ACPAT physiotherapist

**ACUPUNCTURE**

Susan Andresier BVetMed  
MRCVS MABVA

**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:	Neutered: Dog <input type="radio"/> Bitch <input type="radio"/>	
Age:	DOB:	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 550182**

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