



From Hydrotherapy | Four Paws, The Wickham Canine Rehabilitation Centre

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
Lisa Roberts RCH Pg Dip VetPhys
Louise Holliday RCH RVN

PHYSIOTHERAPY

Sarah Simpson Pg Dip VetPhys
Lisa Roberts Pg Dip VetPhys
Rochelle Dunster Pg Dip ACPAT Cat A

Please tick if you would like a physiotherapy report

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:	Gender: Dog <input type="radio"/> Bitch <input type="radio"/>	
Age:	D.O.B:	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: / /

