

Fun and Fitness Hydrotherapy  
Referral Form

**Section A: Owners Details**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Section B: Pet Details**

Pet Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
Breed: \_\_\_\_\_ Colours/Markings: \_\_\_\_\_  
Insured: Y / N Insurance Company: \_\_\_\_\_

**Section D: General Health**

Weight: \_\_\_\_\_ Ears condition: \_\_\_\_\_ Eyes condition: \_\_\_\_\_  
Skin/Coat Condition: \_\_\_\_\_ General Condition: \_\_\_\_\_  
Temperament: \_\_\_\_\_ Vaccinations: \_\_\_\_\_

Reason for having Hydrotherapy:

**Vet Declaration**

I give consent for the animal above to receive hydrotherapy treatment by K9 Core. I confirm that they are in a suitable condition to receive hydrotherapy and they have no underlying medical conditions that may be compromised by being allowed to swim.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Vets- Please send a copy of the clients FULL medical history, along with this completed referral form to [contactk9core@gmail.com](mailto:contactk9core@gmail.com)

**Practice Stamp**

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