



Pawsome Paddles Hydrotherapy Centre, The Stables, Foxholes Farm, London Road, Hertford, Herts SG13 7NT

Veterinary Referral Form

Client Name Postcode: Address Postcode: Tel Number Dog's Details Name Sex Insured Yes / No Breed D.O.B Company Company Colour Vaccination Policy Number Section 2: Must be completed and signed by the dog's veterinary surgeon Policy Number Veterinary Surgeon Practice Address Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Print Name: Signature: Date: Date: //We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Lote: Lote: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can op	Section 1: To be completed by	the owner			
Tel Number Postcode: Dog's Details Insured Yes / No Breed D.O.B Company Colour Vaccination Policy Expiry Date Number Sexton 2: Must be completed and signed by the dog's veterinary surgeon Veterinary Surgeon Practice Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Signature: Date: Date: Signature(s): Date: Information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: <td>· · ·</td> <td></td> <td></td> <td></td>	· · ·				
Tel Number Postcode: Dog's Details Insured Yes / No Breed D.O.B Company Colour Vaccination Policy Expiry Date Number Sexton 2: Must be completed and signed by the dog's veterinary surgeon Veterinary Surgeon Practice Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Signature: Date: Date: Signature(s): Date: Information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: <td>Address</td> <td></td> <td></td> <td></td>	Address				
Tel Number Dog's Details Name Sex Insured Yes / No Breed D.O.B Company Company Colour Vaccination Policy Number Section 2: Must be completed and signed by the dog's veterinary surgeon Number Veterinary Surgeon Practice Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages Signature: Date: Yes / No (delete as applicable) Print Name: Signature: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable) Pate:		Postcode:			
Dog's Details Insured Yes / No Breed D.O.B Company Colour Vaccination Policy Expiry Date Number Section 2: Must be completed and signed by the dog's veterinary surgeon Veterinary Surgeon Practice Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Signature: Date: Date: I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: U/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable) Pate: Yes / No (delete as applicable)	Tel Number				
Name Sex Insured Yes / No Breed D.O.B Company Company Colour Vaccination Policy Number Section 2: Must be completed and signed by the dog's veterinary surgeon Policy Number Veterinary Surgeon Practice Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Signature(s): Date: Date: Information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Date: IVWe may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable) Yes / No (delete as applicable) Date: Yes / No (delete as applicable)					
Name Sex Insured Yes / No Breed D.O.B Company Company Colour Vaccination Policy Number Section 2: Must be completed and signed by the dog's veterinary surgeon Policy Number Veterinary Surgeon Practice Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Signature(s): Date: Date: Information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Date: IVWe may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable) Yes / No (delete as applicable) Date: Yes / No (delete as applicable)	Dog's Details				
Breed D.O.B Company Colour Vaccination Policy Number Expiry Date Number Section 2: Must be completed and signed by the dog's veterinary surgeon Pretrice Practice Address Pretrice Address Image: Section 2: Must be completed and signed by the dog's veterinary surgeon Pretrice Practice Address Image: Section 3: To be dog's injury/condition, areas of caution, background, comments etc In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Signature(s): Date: Date: Image: Signature Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Image: Date: Signature(s): Date: Image: Date: Image: Date: Image: Signature Sig		Sex	Insured	Yes / No	
Colour Vaccination Expiry Date Policy Number Section 2: Must be completed and signed by the dog's veterinary surgeon Veterinary Surgeon Practice Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Signature: Date: Date: I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Ve agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)	Breed	D.O.B	Company	,	
Expiry Date Number Section 2: Must be completed and signed by the dog's veterinary surgeon Veterinary Surgeon Practice Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Signature: JWe declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: Veg ere to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable) Experiment	Colour	Vaccination			
Section 2: Must be completed and signed by the dog's veterinary surgeon Veterinary Surgeon Practice Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)		Expiry Date	-		
Veterinary Surgeon Practice Address					
Veterinary Surgeon Practice Address	Section 2: Must be completed and signed by the dog's veterinary surgeon				
Practice					
Address Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
Tel Number Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
Summary of the dog's injury/condition, areas of caution, background, comments etc Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name:					
Is the dog on medication, if so please list details and dosages In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Signature: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name:					
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name:					
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment? Yes / No (delete as applicable) Print Name: Date: Date: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
Yes / No (delete as applicable) Print Name: Date: Signature: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)	Is the dog on medication, if so please list details and dosages				
Yes / No (delete as applicable) Print Name: Date: Signature: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
Yes / No (delete as applicable) Print Name: Date: Signature: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
Yes / No (delete as applicable) Print Name: Date: Signature: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
Print Name: Signature: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)	In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?				
Print Name: Signature: Date: Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)	Yes / No (delete as applicable)				
Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
Section 3: To be completed by the owner I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s):	Print Name: Date: Date:				
I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s):					
I/We declare that I/We Am/Are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s):					
this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)	Section 3: To be completed by	the owner			
this form is correct. Further I/We have read and fully accept the terms and conditions printed overleaf. Signature(s): Date: I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
Signature(s): I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)		, ,			
I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)					
I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)	Signature(s):		Date:		
interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)	(- ,				
interested in. I/We understand I can opt out of further contact at any time. Yes / No (delete as applicable)	I/We agree to Pawsome Paddles contacting me/us in the future about offers and services I/We may be				
Yes / No (delete as applicable)					
	Yes / No (delete as applicable)				
Owner: Please return this form to Pawsome Paddles via email or post prior to your session or bring it wit					
	Owner: Please return th	s form to Pawsome Paddles via e	mail or post prior to your ses	<u>sion or bring it with</u>	





Pawsome Paddles Hydrotherapy Centre, The Stables, Foxholes Farm, London Road, Hertford, Herts SG13 7NT

Terms and Conditions

- 1. All patients, without exception must have a veterinary referral form completed and signed by their referring veterinary surgeon. This form can be downloaded from the Pawsome Paddles website homepage at <u>www.pawsomepaddles.com</u>.
- 2. Payment for services will be taken on the day of the hydrotherapy session. Accepted methods of payment are cash, debit card and cheques payable to 'Pawsome Paddles Hydrotherapy Centre'.
- Cancellation of a session must be given at least 24 hours in advance by the client. Cancellations after this time or non-attendance will be charged full price. Pawsome Paddles endeavour to inform clients to any changes or cancellations in their appointments but will not be held liable for any losses or damages.
- 4. Any animal with an infectious or contagious condition cannot be treated and the cancellation policy in point 3 also applies in this instance. These animals cannot return to the centre until the condition has cleared.
- 5. Bitches in season cannot be treated and the cancellation policy in point 3 also applies. The dog cannot return to the centre until the season is over.
- 6. Feeding instructions will be given upon the initial appointment booking. Further instructions will also be given post session. Both pre and post session protocol must be adhered to.
- 7. All dogs must be kept on a collar/harness and lead both inside and outside the hydrotherapy centre.
- 8. Animals must be toileted prior to their session. Please allow time upon your arrival to take your dog for a chance to toilet prior to coming into the centre. Please clean up after your dog and use the bin provided outside the centre.
- 9. Please bring your dog as clean as possible for their session. They will be showered prior to entering the pool but we would appreciate if their coat and paws are as clean as possible first.
- 10. Please follow visitor health and safety instructions and be aware that although every effort is made to minimise slip hazards this is a wet room environment and appropriate footwear should be worn.
- 11. There are parking spaces as you approach Pawsome Paddles, which is at the back of the centre. Pawsome Paddles will not be held responsible for any theft, damage or injury to vehicles or persons using the carpark.

Many thanks for your cooperation