



Voodoo K9 Hydrotherapy & Danielle Hudson Physiotherapy Referral form

Section A: Owner Details

Name: _____ Date: _____

Home Address: _____

Postcode: _____

Email: _____

Telephone number & Alternative telephone numbers

Owner declaration

I hereby give consent for my animal to undergo physiotherapy and/or hydrotherapy AND give consent for Danielle Hudson Veterinary Physiotherapy and/or Voodoo K9 Academy to discuss treatment with my veterinary surgeon, and I understand that the veterinary physiotherapist and/or hydrotherapist may refer my animal back to the veterinary surgeon. Signature: _____

Section B Dog Details

Name: _____ Gender: (please circle/ delete as appropriate) Dog Bitch

Age: _____ Neutered: Yes / No

Breed: _____

Section C Veterinary Practice - MUST be completed by a veterinary surgeon

Veterinary Surgeons declaration

In my professional opinion, the above dog is in a suitable state of health to undergo Veterinary Physiotherapy and/or Hydrotherapy. I, the vet, understand that the animal in question will be referred back if any deterioration of condition or signs of pain is noted during the treatment/care with a full report.

Name: _____ Date: _____ Contact

no: _____

Email address: _____

Address/Practice Stamp:

Reason for the referral - Please include diagnosis and relevant medical history and any medication. Please attach any relevant notes in another document.

Signature:

Please return to: HUDSONVETPHYSIO@OUTLOOK.COM