  **CLIENT REFERRAL FORM**

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| --- |
| OWNER’S DETAILS |
| Name |  |
| Address |  |
|  |  |
|  |  |
| Postcode |  |
| Tel. No. |  |
| Email |  |

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| --- |
| DOG’S DETAILS |
| Name |  | Sex |  | Is Dog Insured |  |
| Breed |  | Date of Birth |  | Insurance Company |  |
| Colour |  | Vac. Expiry Date |  | Policy Number |  |

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| VETERINARY DETAILS (This section MUST be completed and signed by the dog’s Veterinary Surgeon) |
| Veterinary Surgeon |  |
| Practice |  |
| Address |  |
| Tel. No.  |  | Fax No. |  |
| Email Address |  |
| Summary of the dog’s injury/condition, areas of caution, comments etc., |
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|  |
| Is the Dog on medication, if so what?  |
| IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT **YES / NO \***Signature  Date  / / . \* Please delete as applicable |

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| --- |
| 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. I AGREE TO HOLMARSH CANINE HYDROTHERAPY CONTACTING ME IN THE FUTURE ABOUT OFFERS AND SERVICES I MAY BE INTERESTED IN . I AM ABLE TO OPT OUT OF FURTHER CONTACT AT ANY TIME. Signature(s) Date / /  |

 Holmarsh Canine Hydrotherapy • Upper Barlake Cottage • Pitcot Lane • Stratton on the Fosse • Radstock • Somerset

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