  **CLIENT REFERRAL FORM**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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., | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| 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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