

Vet Assessment Referral Form

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Canine Hydrotherapy
&
Recreational Swimming

Veterinary Details:

Facility Name: _____

Phone Number: _____ Email Address: _____

Referring Veterinarian: _____

Owner's Details:

Name(s): _____ Phone: _____

Email Address: _____

Canine Information:

(Please circle the following below)

Client Name: _____ Sex: **Male / Female** ----- **Spayed / Neutered / Intact**

Breed: _____ D.O.B. _____ Age: _____

Reason/Benefits for Hydrotherapy: (Please provide diagnosis and medical history of the client)

Summary of Relevant Clinical Conditions: e.i surgery (procedure and date), allergies, behavioural issues

Please indicate which of the following precautions/contraindications may pertain to this patient:

E.i (cardiac and or respiratory dysfunctions, bleeding/hemorrhaging, surface infection, consistency of stool/diarrhea, open and or draining wounds/incisions, epilepsy, hypothyroidism, diabetes, chronic ear infections, trachea collapse, laryngeal paralysis)

Current and Previous Medication History:

I, (please Print name) _____ certify my client listed above is under my care, and give consent to the treatment of this animal with **Woof! Pet Wellness Resort.**

Veterinary Signature: _____ **Date:** _____

We are more than happy to send you a progress report every 10 sessions (or as requested) with details of his/her treatments.
We may contact you prior to the first session to discuss your client in further detail.

