



VETERINARY REHABILITATION & HYDROTHERAPY CENTRE

# Veterinary Referral Form

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**Referral forms can be either:**

- Emailed to admin@k9healthcentre.com
- Brought along to the first appointment

**For appointments please call 01224 782717**

K9 Health Centre, Denside,  
Hill of Findon, Portlethen, AB12 4SH

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**Section A - Dog Details**

Name: ..... DOB:.....

Breed:..... SEX:.....

Is the animal insured: YES/NO ( Delete as appropriate)

a. Insurance Company.....

Vaccination Expiry date:..... Policy No.....

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**Section B - Owner Details**

Name:.....

Address:.....

Post Code: ..... Contact telephone:.....

Contact email address:.....



**Section C - Referring Veterinarian**

Veterinary Surgeon:.....

Practice Address:.....

..... Post Code:.....

Telephone No:..... Email:.....

Special Insutrctions/areas of caution.....

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Reason for Referral:.....

Relevant Medical

History:.....

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**Veterinary Surgeons Declaration**

I recommend/consent this animal attends for assessment and any appropriate treatment. In my opinion this dog is in a suitable state of health to undergo Veterinary rehabilitation that may include:

Hydrotherapy ( Pool / Spa / Treadmill)

Physiotherapy

I understand, in making this referral, I am not responsible for any assessment or treatment given and the provision of professional indemnity insurance for treatment is the responsibility of K9 Health Centre.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section D - Owners Declaration**

We declare the I/We Am/Are the legal owners(s) of the dog named above and that the information shown on this form is correct. We have read, understood and agree to the terms and conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_