904 Appleton Road, Union, ME 04862 * (207) 790-4803
waterbarkwellnessandplay@gmail.com

Veterinary Details:

Practice Name:

Phone Number Email Address:

Referring Veterinarian

Owner's Details:

Name: Phone:

Email Address:

Dog's Details: Suitability to Hydrotherapy

Name: Sex: Neutered:

Breed: Age:

Reasons for Hydrotherapy: (Please provide diagnosis and pertinent medical history)
Summary of relevant clinical conditions: such as surgery (procedure and date), allergies, behavioural issues
Indicate which of the following precautions/contraindications may pertain to this patient: *cardiac and respiratory dysfunction, bleeding/haemorrhage, surface infections, incontinence/diarrhoea, open/draining wounds & incisions, epilepsy, hypothyroidism, laryngeal paralysis, tracheal collapse, and diabetes.*
Current Medication:

I certify that the above animal is under my care, and consent to the treatment of this animal.

Vet Signature: Date: