VETERINARY REFERRAL FORM
HYDROTHERAPY, MASSAGE THERAPY & CLASS IV LASER THERAPY

Debbie Rae, Sidewood Canine Therapy

DOG DETAILS					
Name		Breed		Sex	M / F
Date of Birth		Colour		Neutered	Y / N
Vaccinated	Y / N				

CLIENT DETAILS	
Owner's Name	
Address	
Telephone	
Email	

I declare that I am the legal owner of the above-named dog and that all information presented in this form is correct to the best of my knowledge.
I agree to the terms & conditions set out at www.sidewoodcanineservices.co.uk.
I agree that my data be held securely by Sidewood Canine Therapy to facilitate service and product administration.

Owner signature: ..... **Print name:** ..... **Date:** .....

VETERINARY DETAILS	
PLEASE NOTE THAT YOUR VETERINARIAN MUST COMPLETE THE AREA BELOW AND PROVIDE A SIGNATURE Details of condition requiring treatment (Please include any special instructions or areas of caution)	
Is the dog currently receiving any medication? (If yes, please provide details)	
Veterinary Surgeon Name:	Practice Address & Phone Number or Practice Stamp:
If you wish to receive reports, please provide email address:	
I find no reason why the above-named dog cannot undergo Clinical Massage Therapy, Hydrotherapy or Class IV Laser Therapy, either individually as stand-alone treatments, or in combination. **Veterinarian Signature:** ..... **Print Name:** ..... **Date:**	

I, Debbie Rae, acknowledge and respect the Veterinary Surgeons Act 1966 and Exemptions Order 2015 by never administering treatment to a canine without gaining prior veterinary consent.

SIDEWOOD CANINE THERAPY
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