



550 Forge Creek Road  
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## VET REFERRAL FORM

### Owners Details

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Street Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone No \_\_\_\_\_ Email \_\_\_\_\_

### Dogs Details

Name: \_\_\_\_\_  
Sex: Male / Female  
Breed: \_\_\_\_\_  
Date of Birth / /  
Colour \_\_\_\_\_  
Vaccination Date / /

**Referring Veterinary Details** - This section **MUST** be completed and signed by your dog's Veterinary Surgeon

Veterinary Surgeon \_\_\_\_\_  
Name of Practice \_\_\_\_\_  
Street Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone No \_\_\_\_\_ Email \_\_\_\_\_

Summary of your dog's surgery/injury/complaint, areas of caution and Veterinary treatment

Current medication, pre-existing conditions and any restrictions

In your opinion is the dog named above in a suitable state of health to undergo hydrotherapy treatment

Yes / No \_\_\_\_\_  
Signature of Veterinary Surgeon

Date / /