



**SPRINGBOK**  
VETERINARY GROUP

**HYDROTHERAPY**

Verwood Road  
Three Legged Cross  
Dorset  
BH21 6RR

tel: 01204 284014

fax: 01202 820619

springbokhydrotherapy@gmail.com

Name:	Post Code:
Address:	Telephone (Home): Telephone (Mobile): Email:

### Patient Details

Name:	D.O.B:	Sex:
Breed:	Colour:	Weight:

### Veterinary Details (this section **MUST** be completed by the patient's vet)

Practice Name:	Post Code:
Name of Vet:	Email:
Address:	Telephone: Fax:

Summary of Patients Condition (including any medication):

If the patient is referred for fun or fitness please state if there is any condition present that may be of concern for the hydrotherapist:

In your opinion, is the patient stated above in a suitable state of health to undergo hydrotherapy treatment and/or laser therapy? YES / NO

Signature:	Date:
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