



VETERINARY REHABILITATION & HYDROTHERAPY CENTER

Veterinary Referral Form

Referral forms can be either:

For appointments please call: 713-658-0900

- Emailed to
k9healthcenter@urbantails.
cc

1618 Webster St, Houston, TX 77003.

- Brought along to the first appointment

Section A - Dog Details

Name:

DOB:.....

Breed:.....

SEX:.....

Is the animal insured: YES/NO

a. Insurance Company.....

Policy No

Vaccination Expiration dates:

Dhlpp

Bordetella

Rabies

Section B - Owner Details

Name.....

Address.....

Zip Code: **Contact telephone:**.....

Contact email address:.....



Section C - Referring Veterinarian

Veterinary Surgeon:

Practice Address:

..... Zip Code:.....

Telephone No: Email:

Special instructions/areas of caution.....

Reason for Referral:

Relevant Medical History: (Full History, MRI scans, ultrasound reports and medication are required).

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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)
- Laser therapy
- Physiotherapy
- Canine Veterinary Massage

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 Center.

Signature_____ Date_____

Section D - Owner s 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_____