



## Animal Physiotherapy/Hydrotherapy Referral Form

### Owner Details

Title: Mrs. Ms. Miss. Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
Mr. Dr.

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Animal Details

Name: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_ or Approximate Age: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: M F Unknown Desexed: Yes No

Insured: Yes No Insurance Company: \_\_\_\_\_

### Veterinary Practice Details

Practice Name: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Case History (Referring Veterinarian To Complete)

*(Please email patient history to [info@eastsidevet.com.au](mailto:info@eastsidevet.com.au). Alternatively, please use the boxes below.)*

#### Current Problems



Eastside  
Vet

Investigations & Findings

Pre-Existing Conditions

Current Medications

Any Additional Information and/or Special Patient Requirements

**Declaration**

This animal is a patient under my care and has received a full medical health check and examination, and is, in my opinion, fit to receive physiotherapy and/or hydrotherapy. I authorise physiotherapy and/or hydrotherapy for my patient to be carried out by Eastside Veterinary Clinic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Practice: \_\_\_\_\_