

**Veterinary Referral and Client Registration Form**

Please complete **Sections A and B** and then pass this form to your Veterinary Surgeon, kindly requesting that **Section C** is completed and the form, along with the animals most recent history, is returned to Burnside Animal Rehabilitation Centre via fax on 01252 625 405 or email to [enquiries@burnsiderehab.co.uk](mailto:enquiries@burnsiderehab.co.uk). Alternatively, please bring this completed form to your first appointment.

**Section A: Owner's Details** (Please read the Terms of Business and sign your agreement below).

Name:			
Address:			
		Postcode:	
Telephone:		Mobile:	
E-mail:			
<b>Signed:</b> .....			
<b>Date:</b> .....			

**Section B: Patient Details**

Name:			
Species/Breed:			
Gender:		Neutered:	
Date of Birth:		Vaccinated:	
Insured:		Company:	

**Section C: Veterinary Practice**

Veterinary Surgeon:			
Practice Address:			
		Postcode:	
Telephone:		Fax:	
E-mail:			
Reason for Referral:			
Brief Medical History:		Current Medications:	

**Veterinary Surgeon's Declaration:** The animal detailed above is, in my opinion, in a suitable state of health to undergo Hydrotherapy / Veterinary Physiotherapy.

**Name:** ..... **Signed:** .....

**Declaration Dated:** .....

