# AVPH Veterinary Referral Form

| Section A: Animals details | | | |
|---|---|---|---|
| Name: | | Breed: | |
| Sex: | | DOB: | |
| Neutered: | | Insured: | |

| Section B: Owner details | | | |
|---|---|---|---|
| Full name: | | Contact number: | |
| Address: | | Email: | |

## To be completed by Veterinary Practice.

| **Veterinary Surgeon's Declaration:** In my opinion, the above animal is in a suitable state of health to undergo veterinary physiotherapy and hydrotherapy treatment and I understand that I am not responsible for any assessment or treatment that AVPH deems suitable for the patient. | | | |
|---|---|---|---|
| Signature: | | Date: | |
| Full name: | | | |
| Practice stamp: | | | |
| Medical history of animal: | | | |
| Current medication: | | | |

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