



Sierra Springs Canine Hydrotherapy Pool 55 38 Rice Lake Scenic Drive, Gores Landing

### Veterinarian Referral Form

Please fax to 905-342-9619

Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age/Sex: \_\_\_\_\_ Concern: \_\_\_\_\_

Please give diagnosis, along with pertinent history and conditions associated with this dog.  
( eg. allergies, behavioural issues, previous surgery procedure and date )

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When did you last see the dog?: \_\_\_\_\_

Precautions/ contraindications for hydrotherapy: bleeding/ hemorrhage, surface infections, cardiac and respiratory dysfunction, incontinence/ diarrhea, epilepsy, hypothyroidism, diabetes, open/ draining wounds and incisions.

Please indicate if any of the above pertain to this dog:

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Medication(s): \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Hospital/ Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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