

## VETERINARY REFERRAL FORM

### CLIENT AND PATIENT INFORMATION

CLIENT/OWNER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
MOBILE: \_\_\_\_\_  
HORSE NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ BREED: \_\_\_\_\_

### REFERRING VET INFORMATION

VETERINARY SURGEON NAME: \_\_\_\_\_  
VETERINARY PRACTICE NAME: \_\_\_\_\_  
VETERINARY PRACTICE ADDRESS: \_\_\_\_\_  
VETERINARY PRACTICE PHONE: \_\_\_\_\_

DETAILS OF REFERRAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONSIDERED APPROPRIATE TREATMENT:  
SWIMMING: YES / NO Reason? \_\_\_\_\_  
AQUA-TREADMILL: YES / NO Reason? \_\_\_\_\_  
SPA: YES / NO Reason? \_\_\_\_\_

**AS THE ATTENDING VETERINARY SURGEON I HAVE RECOMMENDED THE REFERRAL OF THE ABOVE NAMED HORSE TO THE EQUINE THERAPY CENTRE @ MOULTON COLLEGE FOR THERAPY AND HYDROTHERAPY TREATMENT. THERE ARE NO KNOWN HEALTH PROBLEMS THAT MAY POSE OR COMPOUND A RISK TO THE HORSE ATTENDING THE EQUINE THERAPY CENTRE AND UNDERGOING THE PROPOSED THERAPY TREATMENT.**

SIGNATURE OF VETERINARY SURGEON: \_\_\_\_\_

DATE: \_\_\_\_\_