



**VETERINARY REFERRAL &
CLIENT REGISTRATION FORM**

Section A: Owner Details	OWNER TO COMPLETE
Name:	Date:
Address:	Email:
Telephone:	How did you hear about us?
Signature:	I consent to treatment from Houndro Therapy (Cathy Vaina) and will provide Veterinary Referral if necessary
Section B: Dog Details	OWNER TO COMPLETE
Name:	Breed:
Gender:	Age:
Section C: Veterinary Practice	VETERINARY PRACTICE TO COMPLETE IF NECESSARY
Veterinary Surgeon's Declaration:	In my opinion, the above animal is in suitable condition to undergo services provided by Houndro Therapy including Hydrotherapy/Underwater Treadmill and/or Remedial Massage
Veterinary Practice:	Treating Veterinarian:
Address, including email: Preferred method of contact (please circle): • Email • Phone	Telephone:
*Reason for referral summarised:	Or please forward relevant history:
Signature:	Details of current medication:

Please email completed form to:
 Email: houndrotherapy@gmail.com. Tel: 0438 862 562 ABN:44063786129
 Practitioner Member of Australian Canine Rehabilitation Association 