



HOUSE OF HOUND

For Hydrotherapy, Physiotherapy, Laser Therapy, or Training.
Please fill out the form entirely.

Owner Full Name

Phone Number

Email

Address

Dog Full Name

Breed

Approximate Weight

Spayed or Neutered?

- Yes
- No

Diagnosis or Findings

Patient History

Have they had Surgical Procedures?

- Yes
- No
- Surgery Pending

History Attached

- Yes
- No

Is this dog insured?

- Yes
- No
- Unsure

Insurance details

Vet Practice Address

Practice Phone Number

Practice Email

To the best of my knowledge, there is no reason why the named dog may not partake in appropriate treatment at House of Hound. I have been made aware that all staff are qualified Canine Hydrotherapists and/ or Veterinary Physiotherapists / Chartered Physiotherapists (registered with NARCH/NAVP/ACPAT) or Trainers. I am aware that all treatment will be undertaken, or overseen by a Chartered Physiotherapist. I, the Veterinary Surgeon, will not be held responsible for any assessment / treatment undertaken by House of Hound staff. I am aware that House of Hound hold their own professional indemnity insurance (Policy no - ACE008344) and therapists will only perform treatment within their scope of practice. I understand that, as part of any referral procedure, I will receive a written referral report detailing the outcome of the assessment, the details of any therapy undertaken and the outcome of that therapy. Any concerns relating to the animal will be referred back to the Veterinary Practice.

Name of Signing Vet or Practice Member

Post Nominals

Signature

Date

House of Hound

01484 621906

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