

**Aqua Paw Hydrotherapy Centre**  
49 Coronation Street  
Fredericton, NB E3A 4K5  
506-470-4161  
aquapaw.hydrotherapy@gmail.com

### Hydrotherapy Referral Form

#### Client Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Phone Number: Cell (     ) \_\_\_\_\_ Home (     ) \_\_\_\_\_

Email: \_\_\_\_\_

#### Pet Information:

Name: \_\_\_\_\_ Sex: Male\_\_\_ Female\_\_\_ Neutered or Spayed: Y\_\_\_N\_\_\_

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight \_\_\_\_\_ lb/kg

Referral Service(s) Requested:

- |   |   |
|---|---|
| <input type="radio"/> Rehabilitation        | <input type="radio"/> Senior Swim         |
| <input type="radio"/> Pain Management       | <input type="radio"/> Behavior Management |
| <input type="radio"/> Exercise/Conditioning | <input type="radio"/> Recreation          |
| <input type="radio"/> Weight Management     | <input type="radio"/> Learn to Swim       |

Presenting Complaint (Please be specific and provide as much detail as possible to best inform our practitioners)

Are there any health conditions or contraindications that would make indoor swimming or floating a health risk? Are there any activity restrictions or special instructions for this dog, including, past injuries, surgeries, current medical conditions or special handling instructions? Yes\_\_\_ No\_\_\_ Please explain below

(Please identify anything else that our practitioners should be aware of (cancer, heart disease, respiratory condition etc.)

Does this dog have a bite history or aggressive tendencies when handled? Yes\_\_\_\_\_ No\_\_\_\_\_

As the referring veterinarian, I understand that I remain the primary care provider. By signing this document, I am authorizing the certified practitioners at Aqua Paw Hydrotherapy Centre to perform hydrotherapy with the identified patient.

DVM Name (print): \_\_\_\_\_

DVM Signature: \_\_\_\_\_

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

Clinic Name: \_\_\_\_\_

Clinic Phone Number: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Please return a signed copy of this referral and any pertinent information and medical history to [aquapaw.hydrotherapy@gmail.com](mailto:aquapaw.hydrotherapy@gmail.com)

We truly value our relationships with our referring veterinarians. You are a part of our team and as such, we will be sure to keep you informed of all treatment plans, visits, etc. with your patients. We want to work with you to provide the best care possible for these patients. At “Aqua Paw Hydrotherapy Centre” we will provide rehabilitation and conditioning care only. Should we detect any other issues, your patient will be sent back to you for the necessary diagnostics and treatment. ALL rehab patients will require a referral from their veterinarian, even if we have seen them for unrelated issues. Although conditioning patients do not require a referral, we will request they contact you for a clearance to participate in a fitness program (i.e. to confirm no underlying cardiac disease or other ailments which may limit their activities).

Hydrotherapy Centre