

Veterinarian Referral Authorisation

YOUR PET'S DETAILS

Name:	I may made his a			
	Insured by:			
D.O.B.	Breed:			
Gender:	Neutered:			
Last Vaccination:	Last worming:			
Any Cardiovascular Concerns:	Any Skin Conditions:			
Any Behavioural concerns?				
OWNER DETAILS AND AUTHORISATION				
First Name:	Surname:			
Address:				
Telephone / Mobile:				
Email address:				
I/we declare that I/we am/are the legal owner(s) of the dog named above. I/we confirm that the information contained on this form is correct and true. I/we fully accept and agree to Pawseidon's terms of service.				
Signed:	Dated:			
VETERINARY DETAILS AND AUTHORISTATION (to be completed	by referring veterinarian)			
Name of the veterinary practice:				
Address:				
Address: Telephone:	Email address:			
	Email address:			
Telephone:				
Telephone: Name of the referring veterinarian:				
Telephone: Name of the referring veterinarian:				
Telephone: Name of the referring veterinarian:				
Telephone: Name of the referring veterinarian:				
Telephone: Name of the referring veterinarian:	this canine (please attach any medical history where necessary)			
Telephone: Name of the referring veterinarian: Please supply details of any past or existing condition(s) relevant for the treatment or	this canine (please attach any medical history where necessary)			
Telephone: Name of the referring veterinarian: Please supply details of any past or existing condition(s) relevant for the treatment of the	this canine (please attach any medical history where necessary)			
Telephone: Name of the referring veterinarian: Please supply details of any past or existing condition(s) relevant for the treatment of the	this canine (please attach any medical history where necessary)			

Please return this form to: referrals@pawseidon.co.uk





Unit 27 Albany Park, Cabot Lane, Poole, Dorset BH17 7BX

Thank you for contacting us.

Client Pre-Consultation Checklist

Fill out the relevant details and then pass on to your Veterinary practice. Ask them to fill it out with all relevant details including your pets' condition(s).
Ask the Vet practice to return the Vet referral form along with the pets full medical history and all relevant X Rays, imagery reports and Physiotherapy reports (if any). This is helpful to us so we can gain a full understanding of your pets' conditions in order to maximise treatment.
Return the completed Referral form and other information to us at least 48 hours before your Initial Consultation.

The Consultation and what to expect

- 1. Do not feed your pet 2 hours before attending your consultation.
- 2. If travelling by car, use the car parking spaces provided outside Pawseidon.
- 3. Keeping your pet on a lead at all times, please wait in the waiting area as you enter the main entrance until one of our friendly members of staff come to collect you.
- 4. For the consultation: Together we will talk about your pet's history. This helps us to build a bespoke program for him or her and allows you the owner to ask any questions. We will cover frequency of treatment, estimated time scales and costs.
- 5. Your pet will then be profiled, measured and weighed and undergo a thorough health and gait assessment. Under the direction of a therapist, your pet will then explore the new environment in our relaxed atmosphere.
- 6. We then introduce and familiarise the dog to the hydrotherapy equipment: pool and/or underwater treadmill.
- 7. Your dog will be showered, shampooed and dried for the journey home, you are more than welcome to bring your own towel.
- 8. Don't feed your Pet until 1 hour has passed since receiving Hydrotherapy.
- 9. We will always follow up with a telephone call 24/48hrs after your Initial consultant has passed.

Telephone: 01202 929518 Email: enquiries@pawseidon.co.uk Website: www.pawseidon.co.uk



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Agreement to Pawseidon's Terms of Service

I have read and agree to the Terms of Service as laid out by Pawseidon. The Terms of Service have been made available to read whilst at the Hydro-Hub and at any time on their website: www.pawseidon.co.uk/terms-of-service

I hereby give permission for my animal to receive treatment at Pawseidon. I have given all relevant medical and behavioural history to Pawseidon and believe the information given to be correct. I give permission for Pawseidon to exchange information with my veterinary practice about my animal's condition and/or behaviour. I will not bring any animal to Pawseidon which has contracted or been knowingly exposed to any infectious or contagious disease.

Client Name:	Date:	 /
Client Signature:		

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