What we offer is complimentary to the services provided by your local Veterinary practise

PAWSEIDON
CANINE REHABILITATION

Veterinarian Referral Authorisation

YOUR PET'S DETAILS

Name:	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:
Postcode:	Where did you hear about us:
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 andtrue. 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:	
Postcode:	
Telephone:	Email address:
Name of the referring veterinarian:	
I/we confirm that the animal mentioned above is in a suitable state of health to commence treatment at Pawseidon for: Hydrotherapy and/or Physiotherapy Signed: Dated:	

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

WORKING IN PARTNERSHIP WITH:

FEAR FREE
Taking the pet out of petrified.

IRVAP

UT-C.C.R.P
Certified Canine Rehabilitation Practitioner
The FUTure of Canine Rehabilitation.

NARCH
National Association of Registered Canine Hydrotherapists

ACPAT
Established 1985