



**Harper Adams  
University**

# Veterinary Referral Form - Fitness for Aquatic Therapy Session

Please return the completed form to  
Beth Roberts/Carly Atkinson (VN11)  
Harper Adams University, Edgmond, Shropshire TF10 8NB  
or email [vetrehab@harper-adams.ac.uk](mailto:vetrehab@harper-adams.ac.uk)

## ANIMAL DETAILS

Name	D.O.B / Age
Breed	Sex
Description/Colour	
Insured (Y/N)	Insurance Company

## CLIENT DETAILS

Name	Home Phone
Address	Mobile
	Email
	Work Phone
Postcode	Work email

## VETERINARY PRACTICE DETAILS

Practice Name	Referring Veterinary Surgeon
Address	Telephone
	Fax
	Email
Postcode	

## GENERAL HEALTH DETAILS (if / where applicable)

Weight	General Condition
Respiration / Lungs	Pulse / Heart
Ears	Eyes
Skin/Coat	Temperament
Vaccinations	
Previous history to be noted	

**DECLARATION** (Please delete as appropriate)

This animal is a patient under my care and has received a full medical health check and examination, and is in my opinion fit to participate in aquatic therapy for fitness and/or training. I authorise aquatic therapy for my patient to be carried out by appropriately trained Veterinary Physiotherapist(s) at Harper Adams University.

<b>Signed</b>	<b>Date</b>
	<b>Print Name</b>

**Practice Stamp**

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We will issue vet reports after initial consultation and will keep you updated with any changes over the course of the treatment with a final vet report on discharge. How would you like to receive vet reports?

Email	Post	Fax
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