



Veterinary Consent/Referral Form

Once signed and completed by your vet, please return to Shenick Veterinary Centre via rehabteam@shenickvets.ie along with the full patient medical history please.

Owners Details

Owners Name		Phone Number	
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Patients Details

Dog's Name		Date of Birth	
Breed		Sex	
Is Dog Vaccinated?		Is dog insured?	
Reason For Treatment (Please give as much details as possible about patient's issue).			

Veterinary Details

Name of Practice		Phone Number	
Address		Email Address	

Referral/Consent for:

Hydrotherapy

Massage

Laser Therapy

All provision of professional indemnity insurance for hydrotherapy treatment is the sole responsibility of Shenick Rehabilitation Centre.

I hereby confirm that the dog mentioned above is suitable for the therapies ticked above and give consent for Shenick Rehabilitation Team to begin treatment. I understand that by signing this, all responsibility and liability for treatment lies solely with Shenick Rehabilitation.

Print name: _____ Signature: _____

Date: _____

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