



# Southview Veterinary Hospital

Irishtown, Clonmel, Co Tipperary

Tel: 052 6121712  
or 052 6121429

Vat Reg No. 3290306DH

## Veterinary Referral Form and Client Registration

To be completed by owner

**Owner Details:**  
Date: ...../...../.....  
Name: .....  
Address: .....  
.....  
.....  
Email: .....  
Phone: ..... Alternative no/Name:.....  
Insured: Y/N  
Insurance Company: .....

**Animal Details:**  
Name: .....  
Breed: .....  
Age :.....  
Sex: Male/Female  
Entire: Y/N  
Date of most recent vaccinations: .....  
Date of most recent flea and worm treatment: .....

I declare that I am the legal owner of this animal, all information given is correct and I have read the terms and conditions. I hereby give permission for physiotherapy treatment to be carried out on my animal named above.

**Owner signature** ..... **Date:** ...../...../.....

**To be completed by your Veterinary Practice**

Name of practice: .....

Address: .....  
.....  
.....

Email: .....

Phone: ..... / .....

Name of referring vet: .....

Reason for referral: .....

Desired Outcomes: .....  
.....

Date of injury/Condition: .... / .... / .....

Date of surgery if applicable: .... / .... / .....

History of injury/condition: .....  
.....  
.....

Current Medications: .....  
.....  
.....

Date of last visit: .... / .... / .....

Does the animal suffer from any of the follow conditions. If yes please elaborate.

Cardiovascular conditions: Y/N .....

Respiratory conditions: Y/N .....

Incontinence: Y/N .....

Ear/skin/Eye conditions: Y/N .....

Epilepsy: Y/N .....

Diabetes: .....

Gastrointestinal Disorders: .....

Behavioural Issues: .....

Overall Fitness/weight issues: .....

**I have examined the above dog. In my opinion the animal is in a suitable state of health to undergo physiotherapy Y/N and hydrotherapy Y/N treatment. Subject to the owners permission please supply clinical records from the time of injury or illness or any medical history which would be relevant from the treatment of this animal.**

**Veterinarian's Signature: ..... Date: .... / .... / .....**

**Printed Name of Vet: .....**

### **Terms and Conditions:**

- Southview Canine Physiotherapy and Hydrotherapy Clinic is a specialised clinic running under the supervision of Southview Veterinary Hospital.
- All dogs must have a veterinary referral form signed by their veterinary surgeon stating that the animal being treated is in suitable health to undergo both hydrotherapy and physiotherapy treatment. This form should be emailed to [svcaninephysiotherapy@gmail.com](mailto:svcaninephysiotherapy@gmail.com) prior to attending your first appointment.
- Animals will not be treated without prior authorisation of their veterinary surgeon.
- All dogs must be up to date with their annual vaccinations and flea/worm treatment before attending the appointment.
- Dogs should receive veterinary health checks on a regular basis to ensure that they remain fit and healthy to undergo treatment.
- For your information a veterinary surgeon will always be present in practice in case of an emergency.
- If the condition worsens or does not improve with treatment you will be referred back to your vet for examination.
- Owners are required to notify Southview Veterinary Hospital if during the course of treatments the injury, or condition worsens, if medication changes or if the veterinary surgeon advises that the treatment should be stopped or suspended.
- Southview Veterinary Hospital reserves the right to refuse treatment to any dog.
- Dogs with infectious or contagious conditions such as ear, eye or skin conditions, vomiting or diarrhoea will not be treated due to health and safety reasons.
- Please inform us if your dog is in season as she will not be allowed entry into the underwater treadmill until her season has finished.
- Do not feed your dog for at least two hours prior to treatment.
- All sessions including dogs which are insured must be paid for on the day of treatment.
- If you cancelled your appointment a cancellation fee of 50% may be charged.
- We reserve the right to reschedule and cancel any appointment.
- All dogs within and outside southview veterinary hospital must be kept on a lead at all times.
- All dogs must be given the chance to go to the toilet prior to appointment. It is the owners responsible to allow their dog to have enough time to go to the toilet before their appointment time.
- Owners are responsible for cleaning up after their dogs whilst on the premises and in the surrounding area. Bags are available at reception.
- Please bring your own towels and coat to keep your dog warm after the session.
- Please ensure you wear suitable clothing and non slip shoes as you will be entering a wet floor surface.

- Our facilities only allow for a maximum of one to two people to attend treatment with the dog. If children need to attend please make sure they are with an accompanying adult at all times whilst on the premises and in the clinic.
- Please make us aware of any behavioural issues your pet may have.
- Owners are required to keep their dogs under control and to be present throughout the animals' treatment session.
- Please inform us if you feel ill, faint or dizzy during treatment so appropriate measures can be made to assist you.
- We cannot be held responsible for any loss or damage to vehicles or personal property.
- We cannot be held responsible for any accident or injury sustained either by the owner or animal handler during the treatment. Whilst every care is taken of the animal undergoing treatment, it is done so entirely at the owners own risk.
- Please ensure you sign our GDPR form at reception before attending your first appointment.
- During covid 19 you are required to sanitise your hands before entering the building. Please wear a mask at all times while you are inside the building and in contact with the therapist. One person is permitted to attend treatment with the animal.
- During Level 5 Lockdown we are asking all owners to remain outside and not enter the building. Please ring reception when you are outside and you will be checked in for your appointment.

0526121429

[www.southviewvets.com](http://www.southviewvets.com)

[svcaninephysiotherapy@gmail.com](mailto:svcaninephysiotherapy@gmail.com)