



PET WELLNESS WORX (PTY) LTD
Hydrotherapy Underwater Treadmill Referral & Vet Permission
WORKING YOUR WAY TO WELLNESS



PET INFORMATION

Name:		Age:		
Date of birth:	Species:	Breed type:		
Pet History:				
Sex:	Spayed/ Neutered:	Current weight:		
Chronic diseases/ conditions/ history please specify:				
Surgery (`s) Description:				
When:		Outcome/ Results: Current Treatment:		
What is the presenting problem/ reason for referral?				
Patient is referred for:	Hydro Treadmill	Conditioning/ Exercise	Pain Management	Rehabilitation/ Recovery
Diagnosis:	Contra-Indications:	Precautions:		

OWNER INFORMATION

Name & Surname:				
Physical address: Area & Suburb: P/Code:			Po Box: Area: P/Code:	
Home Nr:	E-mail 1:			
Work Nr:	Cellular:	Fax:		

MEDICATION | SUPPLEMENTS | DIET PRESCRIPTION

Description:	Breakfast:	Lunch:	Dinner:
Prescriptive Diet:			
Nutritional Supplement Amount given:			
Medication:			

PAIN | DISCOMFORT | ANXIETY | STRESS INDICATORS

Abnormal gait	Cries or moans for no apparent reason	Shifts weight off of leg/ favours one leg or the other	Problems getting comfortable/ Joint stiffness
Difficult to get up and/ or down	Is guarding part of his/ her body	Gains weight easily/ odd places	Not interested in much, lazy, sleepy /less active/ avoids playing

I HAVE EXAMINED THIS ANIMAL WITHIN THE LAST 3 MONTHS AND BELIEVE IT TO BE A GOOD CANDIDATE FOR HYDRO THERAPY

Name & Signature of Veterinarian:	Date
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I WOULD LIKE A FOLLOW UP PROGRESS REPORT

Not necessary	Fax	Email	Telephone