



Blue Ribbon
Chiropractic
*Keeping you and your champions
in the winner's circle*

Veterinary Hydrotherapy Referral Form

Client's Information

Full Name: _____

Patient Name: _____

Age: _____

Breed: _____

Address: _____

City: _____

ZIP Code: _____

E-mail: _____

Phone: _____

Please check any of the following that apply:

Medical Information

- ☐ Pregnant/Nursing
- ☐ Current on Rabies Vaccination
- ☐ Brachycephalic / Respiratory Condition
- ☐ Allergies to Specific Ingredients or Products:

☐ Medical Conditions:

☐ Recent Surgeries or Treatments:

- ☐ Seizures
- ☐ Infection
- ☐ Fall Risk
- ☐ Temperature Sensitive
- ☐ Heart Condition
- ☐ Behavior Concerns:

Hydrotherapy Requested

- ☐ Post-Surgery Recovery
- ☐ Arthritis / Joint Condition
- ☐ Neurological Condition
- ☐ Obesity Management
- ☐ Geriatric Care

Treatment Goal:

Frequency:

Duration:

Incline: ☐ Yes ☐ No

Jets (Dogs over 50 lb only): ☐ Yes ☐ No

Veterinarian Information

Phone: _____

Full Name: _____

Signature: _____

Date: _____

License #: _____

Please let us know where to send medical records:

Notes to staff:

