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| **Client Name:**  |
| **Address:**  |
| **Email:**  |
| **Phone:**  |
| **Patient Name:**  |
| **Breed:** |
| **Age:**  |
| **Veterinary Condition/Diagnosis to be treated by Blue Bear:** |
| **Condition described by Owner for treatment:**  |

 |
| Has your patient any of the following conditions?

|  |  |
| --- | --- |
| Epilepsy or history of seizures |  |
| Heart conditions |  |
| Respiratory conditions (including laryngeal paralysis) |  |
| Skin/eye/ear conditions (delete as appropriate) |  |
| Tumours (Benign, Malignant, fatty)/ Cancer |  |
| Behavioural issues i.e., aggressive, or nervous |  |

Please give details of the above or any other medical conditions your patient has: |
| Would you like to receive a progress report? y/nEmail address where you would like report sent to:  • I certify I have examined the above animal at rest and find no reason why it should not undertake – physiotherapy or moderate exercise using hydrotherapy or underwater treadmill. Capacity for swimming has not been assessed.I take no responsibility for the treatments carried out at Blue Bear Animal Rehabilitation. **Please ensure full clinical history will be sent to info@bluebearrehab.co.uk**(signature) ………………………………………….MRCVS Print Name…………………………………….. Date……………………………………… Practice Stamp |