|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **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/n  Email 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 |