**Snorkel Sydney’s Canine Hydrotherapy, LLC **

Jennifer Brooker

Certified Canine Hydrotherapist/Massage Therapist

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**Veterinary Referral Form**

**for hydrotherapy, massage therapy and laser therapy**

Date:Click or tap here to enter text.

Pet’s Name: Click or tap here to enter text.

Owner’s Name: Click or tap here to enter text.

Veterinarian Name: Click or tap here to enter text.

Veterinary Clinic: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone No. Click or tap here to enter text.

Preferred method of communication: [ ] Phone or [ ] Email

**To be completed by Veterinarian:**

Reasons for visit: (Please attach relevant medical history)

Click or tap here to enter text.

Medications:

Click or tap here to enter text.

Does the pet have a skin condition, allergies, cancer or a heart condition?

Click or tap here to enter text.

As the referring veterinarian, I understand I am in no way responsible for any services received through Snorkel Sydney’s Canine Hydrotherapy, LLC.

