



From Woofs n Scruffs Hydrotherapy Referral Centre  
Washington and Seaham  
Telephone 0191 513 0990  
Website [www.woofsnscruffs.com](http://www.woofsnscruffs.com)  
eMail [washington@woofsnscruffs.com](mailto:washington@woofsnscruffs.com)  
[seaham@woofsnscruffs.com](mailto:seaham@woofsnscruffs.com)

To: Practice Administrator

Date:

At:

Telephone:

Email:

A client of yours has contacted us requesting an appointment for – (Service type)

Their first appointment has been booked on

For every dog/cat that attends Woofs n Scruffs we require veterinary permission and for medical swims the dogs medical history. If you would like to discuss a case in more detail you are welcome to telephone and speak directly to the rehabilitation practitioner.

Client Name

Patient Name

Address

Client Contact  
Number

Breed

DOB

SEX

VETERINARY DETAILS (This section must be completed and signed by the dog's Veterinary Surgeon)

Practice

Address

Summary of the  
dog's injury or  
condition  
including surgery  
and dates as well  
as areas of  
concern and  
comments etc.

Veterinary Surgeon Name \_\_\_\_\_

Date

Signature \_\_\_\_\_

Thank you