

Client Registration & Veterinary Consent Form

Owners Details	
Name	
Address	
Tel No	
Mobile	
Email	

Dogs Details				
Name	Sex	Insured	Yes	No
Breed	Age/DOB	Company		
Colour	Vaccine Due	Policy No		

Veterinary Details	
<i>(This section must be completed by your Vet.)</i>	
Name	
Practice	
Address	
Tel No	
Mobile	
Email	

Please give details of injury/condition, areas of caution and any other comments

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Is the dog on any medication?

In your opinion is the dog in a suitable state to undergo Hydrotherapy Treatment?	Yes	No
Signed.	Date.	

I/WE DECLARE THAT I/WE ARE THE LEGAL OWNERS OF THE ABOVE NAMED DOG AND THAT THE INFORMATION SHOWN ON THIS REGISTRATION FORM IS CORRECT. FURTHER I/WE UNDERSTAND AND FULLY ACCEPT THE DOG HYDROTHERAPY HEREFORD TERMS AND CONDITIONS.

Signed

Date

Thank You