



VETERINARY CONSENT FORM

CLIENT'S DETAILS					
Name					
Address					
				Post Code:	
Telephone Number		Home:		Mobile:	
Email address					
DOG'S DETAILS					
Name				Breed	
Colour		Date of birth		Insured	
Micro chipped		Vaccination Expiry Date		Policy Number	
Sex		Neutered		Company	
<p>I declare that I am the legal owner of the dog named above and that the information shown on this form is correct. I give my permission to my Vet (and any other health care professionals involved in the care of my dog), to supply West Wales Canine Hydrotherapy with the information requested below. Further I have read and fully accept the terms and conditions printed overleaf.</p>					
Client's Signature Date					

VETERINARY DETAILS (This section MUST be completed and signed by the dog's veterinary surgeon prior to any treatment)					
Veterinary Surgeon					
Practice					
Address					
				Post Code:	
Tel. No					
Email address					

Summary of the dog's injury/condition, areas of caution, background, comments etc					

Is the dog on medication? If so please list details and dosages					

Is the dog seeing any other health care professional or alternative therapist e.g. physiotherapist, specialist vet. If so please give contact details:					

In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?					
Vet's Signature				YES / NO	
Print Name				Date	