



# SUFFOLK CANINE COUNTRY CLUB



*Dedicated Professional Canine Services*

Canna Nore,  
Colethorpe Lane,  
Barrow, Bury St Edmunds,  
Suffolk, IP29 5BE

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## VETERINARY REFERRAL FORM CLIENT REGISTRATION.

OWNERS DETAILS	
NAME	
ADDRESS	
TOWN	
POSTCODE	
TEL. NO.	
E-MAIL	

DOG'S DETAILS					
NAME		SEX		INSURED?	Y / N
BREED		D.O.B.		INSURANCE CO.	
COLOUR		VAC EXPIRE		POLICY NO.	

VETENINARY DETAILS <i>(This section MUST be completed and signed by the referring vet).</i>	
A copy of medical notes would be appreciated but not necessary.	
Veterinary Surgeon	
Practice	
Address	
Tel. No.	
<b>Summary of the dog's injury/condition, areas of caution, comments etc.</b>	
<b>Is the dog on medication Yes / No, if Yes please state medication proscribed?</b>	
<b>Is the dog vaccinated? YES / NO</b>	
<b>Date of last vaccination?</b>	
IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT <b>YES / NO</b> *	
<b>Signature</b> _____	<b>Date</b> _____
*Please delete as applicable	

I / WE DECLARE THAT I / WE ARE THE LEGAL OWNERS OF THE DOG NAMED ABOVE AND THAT THE INFORMATION SHOWN ON THIS FORM IS CORRECT. FURTHER I / WE HAVE READ AND FULLY ACCEPT THE SUFFOLK CANINE COUNTRY CLUB TERMS AND CONDITIONS.	
<b>Signature</b> _____	<b>Date</b> _____
*Please delete as applicable	