



# SUFFOLK CANINE COUNTRY CLUB



*Dedicated Professional Canine Services*

## HYDROTHERAPY CLIENT REGISTRATION, VETERINARY REFERRAL FORM

<b><u>OWNERS DETAILS</u></b>	
CUSTOMER NAME:	_____
CUSTOMER ADDRESS:	_____ _____ _____
PHONE NUMBER:	_____
<b><u>DOG'S DETAILS</u></b>	
DOG NAME:	_____
BREED:	_____
COLOUR:	_____
SEX:	_____
D.O.B:	_____
VAX EXPIRE:	_____
<b><u>VETERINARY DETAILS</u></b>	
VETERINARY SURGEONS NAME: _____	
PHONE: _____	
FAX: _____	
<b><u>SUMMARY OF DOG'S INJURY / CONDITION, AREAS OF CAUTION, COMMENTS ETC.</u></b>	
<b><u>IS THE DOG ON MEDICATION YES / NO, IF YES PLEASE STATE MEDICATION.</u></b>	
IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT YES / NO *	
Signature _____	Date _____
(This must be signed by the referring Veterinary Surgeon)	

<b>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.</b>	
Signature _____	Date _____

*Cannanore, Cole Thorpe Lane, BARROW, Bury St Edmunds, Suffolk, IP29 5BE*

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