

**HYDROTHERAPY CLIENT REGISTRATION, VETERINARY REFERRAL FORM**

**Owners Details**

**Customer Name:**

**Customer Address:**

**Phone HM**

**Phone MB**

**Dog's Details**

**Dog Name:**

**Breed:**

**Colour:**

**Sex:**

**D.OB.**

**Veterinary Details**

Veterinary Surgeons Name: \_\_\_\_\_

Address:

**Phone:**

**FAX:**

**E-mail:**

**Summary of Dog's Injury / Condition with Medical History, Area's of Caution, Comments etc.**

*(Please feel free to add further information on additional sheets)*

**Is the dog Vaccinated? YES / NO, Date: \_\_\_\_\_**

**Is the dog on medication? YES / NO, if yes please state medication.**

**In your opinion, is the dog named above in suitable health to undergo hydrotherapy treatment? YES / NO**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

*(This must be signed by the referring Veterinary Surgeon)*

**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.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Fax: 01284 365202 Tel: 01284 811066 MB:07585 118086**

**www.suffolkcaninecountryclub.co.uk info@suffolkcaninecountryclub.co.uk**