



Dedicated Professional Canine Services

HYDROTHERAPY CLIENT REGISTRATION, VETERINARY REFERRAL FORM

THE CLIENT IS RESPONSIBLE FOR COMPLETING THIS PART.

Customer Name:		Phone:	
Customer Address:		E-mail:	
Dog's Name:		Sex:	
Breed:		D.O.B:	
Colour:			

I / We are the legal owner(s) of the Dog named above AND agree to allow Suffolk Canine Country Club to contact my Vet in relation to treatment AND have read and fully accept Suffolk Canine Country Club's Terms and Conditions.

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

THE VETERINARY SURGEON IS TO COMPLETE THIS PART.

<u>Veterinary Details</u>	Veterinary Surgeons Name:		
		Phone:	
		E-mail:	

Summary of Dog's Injury/Condition with Medical History, Area's of Caution, Comments for Referral: (Please feel free to add further information on additional sheets.)

Any other medical conditions, e.g., cardiac, respiratory, epilepsy, diabetes, ear problems, etc.

Is the dog Vaccinated? YES / NO, Date: \_\_\_\_\_ Is the dog nervous or aggressive?

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

Type of Hydrotherapy Treatment: Treatment Fun & Fitness (Please select one)

I understand that any hydrotherapy treatment given to the above animal is the responsibility of the NARCH Registered Canine Hydrotherapist based on the information requested.

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

(This must be signed by the referring Veterinary Surgeon)