



Animal Hydrotherapy Centre: *Animal treatment & rehabilitation*

### CLIENT REGISTRATION/VET REFERRAL FORM

Owner's Details					
Name					
Address					
Postcode					
Tel:		Email:			
Dog's Details					
Name		Sex		Is Dog Insured	Y/N
Breed		Date of Birth		Insurance Co.	
Colour		Vac. Expiry Date		Policy No.	
VET Details					
<b>(This section MUST be completed and signed by the dog's Veterinary Surgeon)</b> Please complete patient details to include a synopsis of clinical history, referencing any on-going condition and/or medication and their suitability for Hydrotherapy/Physiotherapy.					
Veterinary Surgeon					
Practice					
Address					
Tel:					
Summary of the dog's injury/condition, areas of caution, comments etc.					
Is the dog on medication, if so what?					
In your opinion is the dog named above in a suitable state of health to undergo hydrotherapy/ physiotherapy sessions Yes/No*					
Signed: ..... Date: .....					
* delete as appropriate					
Owner's Consent					
I/We declare that I/We are the legal owner(s) of the dog named above and that the information shown on this form is correct. Further I/We have read and fully accept the terms and conditions of the Hydrotherapy Centre.					
Signed: ..... Date: .....					

**Blossoms Kennels, Cattery & Animal Hydrotherapy Centre**

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