



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					
(This section MUST be completed and signed by the dog's Veterinary Surgeon) 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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