

## VETERINARY CONSENT FORM FOR HYDROTHERAPY

### ANIMAL DETAILS

Name..... Breed..... Colour.....  
Sex..... Date of Birth.....

### OWNER'S DETAILS

Name..... Home Telephone Number.....  
Address..... Mobile Number.....  
..... Email Address.....  
Post Code.....

I/we declare that I/we am/are the legal owner(s) of the dog named above and that the information supplied on this form is correct. I/we have read and fully accept the terms and conditions, and authorise the release of the veterinary history of the above name dog

SIGNATURE(S).....DATE.....

### PRACTICE DETAILS

Practice Name..... Veterinary Surgeon.....  
Practice Address..... Telephone Number.....  
..... Email.....  
Post Code.....

**All pets are given a preliminary health check before each swim, but for the health and safety of this and any other pet we would be obliged if we were made aware of any previous or ongoing medical conditions for this pet. This includes conditions such as cardiovascular, diabetes, epileptic and ear/eye/skin infections etc.**

.....  
..... Medication .....

Vaccinated Yes/No

**In your opinion is the dog named above in a suitable state of health to undergo hydrotherapy treatment YES/NO I give my consent for the above named animal to attend for non-referred hydrotherapy YES/NO**

Signature..... Date.....