



CLIENT REGISTRATION FORM

OWNER DETAILS			
Name			
Address			Postcode
Phone No.		Mobile No.	
E-mail			

VETERINARY DETAILS			
Veterinarian		Practice	
Address			Postcode
Phone No.		Mobile No.	
E-mail		Fax	

DOGS DETAILS					
Name		Date of Birth		Insurance	Y / N
Breed		Age		Insurance Co.	
Sex	M / F	Vacc. Exp. Date		Policy No.	

SUMMARY OF THE DOGS INJURY/CONDITION, AREAS OF CAUTION, COMMENTS ETC.	
Is the dog on medication? Is so what?	Y / N
Date of Surgery if applicable	
Cardiovascular problems?	Y / N
Respiratory problems?	Y / N
Is the dog in any way nervous or aggressive?	Y / N

DECLARATION AND DISCLAIMER	
BEFORE SIGNING PLEASE ENSURE YOU HAVE FULLY READ THE ENCLOSED TERMS AND CONDITIONS	
I/We declare that I/We are the legal owner(s) of the dog named above, and that the information given on this form is correct. I/We agree to allow Aquavet to contact the Veterinary Surgeon named above to obtain any relevant information prior to swimming. I/We declare that I/We have read and fully accept Aquavet's terms and conditions.	
Signature(s):	Date:



