



THIS PART IS TO BE COMPLETED BY THE CLIENT

OWNER'S DETAILS

NAME			
ADDRESS / POSTCODE			
PHONE. NO.		MOBILE NO.	
E-MAIL ADDRESS			

DOG'S DETAILS

NAME		DATE OF BIRTH / AGE	
BREED		MALE / FEMALE	VACCINATED
INSURANCE COMPANY		POLICY NO	

CLIENT DECLARATION & SIGNATURE

I / We are the legal owner(s) of the Dog named above AND agree to allow Aquavet to contact my Vet in relation to treatment AND have read and fully accept the Aquavet Term and Conditions.

Signature(s) _____ Date _____

THIS PART IS TO BE COMPLETED BY THE VETERINARY SURGEON

VETERINARY DETAILS

VET NAME		PRACTICE	
ADDRESS & POSTCODE			
PHONE. NO.		FAX NO.	
E-MAIL ADDRESS			

SUMMARY OF THE DOG'S INJURY / CONDITION – PLEASE ENSURE THIS SECTION IS COMPLETE

REASON FOR REFERRAL – PLEASE GIVE SPECIFIC DETAILS.

DATE OF SURGERY, (IF APPLICABLE)		
MEDICATION		
PAST MEDICAL HISTORY	Please supply a copy of the medical history.	
ANY OTHER MEDICAL PROBLEMS – E.G. CARDIAC, RESPIRATORY, EPILEPSY, DIABETES, EAR PROBLEMS ETC.		
IS THE DOG NERVOUS OR AGGRESSIVE?		
TYPE OF HYDROTHERAPY TREATMENT	TREATMENT <input type="checkbox"/>	FUN & FITNESS <input type="checkbox"/>

VETERINARY SURGEON DECLARATION & SIGNATURE

I confirm that the animal named above is in a suitable state of health to undergo Hydrotherapy and / or Physiotherapy treatments. I understand that any Hydrotherapy treatment given to the above animal is the Responsibility of the Registered Canine Hydrotherapist based on the information requested.

Signature(s) _____ Practice Stamp

Date _____