



DORSET AQUA DOGS HYDROTHERAPY LTD REGISTRATION/CONSENT FORM

Dogs Name: _____

OWNER'S DETAILS			
Name:			
Address:			
Post Code:			
Telephone Nos:	Home:	Mobile:	Email:

DOG'S DETAILS					
Breed:		Sex:		Dog Insured	Y/N
Colour:		Age:		Company:	
Weight:		Vac. Exp Date:			

VETERINARY DETAILS (This section MUST be completed and signed by the dog's Veterinary Surgeon)	
Veterinary Surgeon	
Practice	
Address	
Tel No:	Email:

Summary of the dog's injury/condition, areas of caution, comments etc:

When was the injury/condition first diagnosed or happen:	Does the dog suffer from: (*delete as applicable) *Epilepsy/Heart murmur/Aggression
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Is the dog on any medication/supplements, Please list below:

IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT. YES / NO* (*delete as applicable)
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Vets Signature: _____	Date: _____
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Statement Valid: For 6 Months () For 12 Months () Until otherwise advised ()
I/WE DECLARE THAT I/WE AM/ARE THE LEGAL OWNER(S) OF THE DOG NAMED ABOVE AND THAT THE INFORMATION SHOWN ON THIS FORM IS CORRECT.

Owner Signature(s) _____	Date: _____
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