

# CLIENT REGISTRATION FORM

## OWNER'S DETAILS

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Tel. No.</b>	
<b>Email</b>	

## DOG'S DETAILS

<b>Name</b>		<b>Sex</b>		<b>Is Dog Insured</b>	<b>Y / N</b>
<b>Breed</b>		<b>Date of Birth</b>		<b>Insurance Company</b>	
<b>Colour</b>		<b>Vac. Expiry Date</b>		<b>Policy Number</b>	

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

<b>Veterinary Surgeon</b>	
<b>Practice</b>	
<b>Address</b>	
<b>Tel. No.</b>	

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 TREATMENT **YES / NO \***

Signature \_\_\_\_\_ Date    /    /

\* Please delete as applicable

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. FURTHER I/WE HAVE READ AND FULLY ACCEPT THE TERMS & CONDITIONS PRINTED OVERLEAF.

Signature(s) \_\_\_\_\_ Date    /    /