



HYDROTHERAPY CONSENT



OWNER'S DETAILS

Name	
Address	
Telephone/Mobile	
Email	

DOG'S DETAILS

Name		D.O.B	
Breed		Vaccinated	Yes / No
Sex		Neutered	Yes / No

VETERINARY DETAILS

(This section must be completed by the dog's registered veterinarian)

Veterinary Surgeon	
Practise	
Address	
Telephone	
Email	

Summary of the dogs medical conditions:

Is the dog on any medication?

In your professional opinion, the dog named above is of a suitable state of health for hydrotherapy treatment: YES / NO

Signature: _____

Date: _____

*The Canine Wellness Centre Hydrotherapy and Physiotherapy
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