

## CLIENT REGISTRATION FORM

OWNERS DETAILS	
Name	
Address	
Post Code	
Tel No	
Email	

DOGS DETAILS					
Name		Sex		Is Dog Insured	Yes <input type="checkbox"/> No <input type="checkbox"/>
Breed		Date of Birth		Insurance Company	
Colour		Vaccination Expiry Date		Policy Number	

**For your information we are members of the Canine Hydrotherapy Association**

VETERINARY DETAILS (this section must be completed and signed by the dogs veterinary surgeon prior to treatment)	
Veterinary Surgeon	
Practice	
Address	
Tel No	
Summary of the dogs injury/condition, areas of caution, comment etc,	
Is the Dog on any medication? If so please list.	
<b><i>In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?</i></b>	
<b>Yes / No</b>	
<b>Signature</b> .....	<b>Date</b> .....

I declare that I am the legal owner of the dog named above and that the information given on this form is correct. I have also read and fully accept the terms and conditions document.	
Signature .....	Date .....