



CLIENT REGISTRATION FORM

| OWNERS DETAILS | |
|----------------|--|
| Name | |
| Address | |
| | |
| Post Code | |
| Tel No | |
| Email | |

| DOGS DETAILS | | | | | |
|--------------|--|-------------------------|--|-------------------|----------|
| Name | | Sex | | Is Dog Insured | Yes / No |
| 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. | |
| <i>In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?</i> | |
| Yes / No | |
| Signature | Date |

| | |
|---|------------|
| 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 |

Please fax back to us on 02920 451 278. Thank you.