

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.