



HYDROTHERAPY CONSENT

Your client listed below would like their dog to attend hydrotherapy and have given permission for RCHC to contact you on their behalf. Please complete the veterinary section below at your earliest convenience. Any queries please do not hesitate to contact us.

**Email: enquiries-richmondhydro@hotmail.com
richmondhydro@live.co.uk**

OWNERS DETAILS			
<u>Name</u>			
<u>Address</u>			
<u>Postcode</u>			
<u>Tel No:</u>		<u>email</u>	

DOG'S DETAILS				
Name		Sex		Is dog Ins
Breed		DOB		Ins Co
Colour		Vac		Policy No

Veterinary Details – This section MUST be completed by your dogs veterinary surgeon			
Practice			
Address			
Postcode			
Tel No		Fax	
email			

SUMMARY OF THE DOGS INJURY/CONDITION, AREAS OF CAUTION, COMMENTS

IS THE DOG TAKING ANY MEDICATION, IF SO, WHAT?

PLEASE SIGN IF IN YOUR OPINION, THE DOG NAMED ABOVE IS IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT.

Veterinary Surgeon (PRINT NAME)

Signature:..... **Date:**.....

I declare that I am the legal owner of the dog named above and that the information shown on this form is correct. I have read and fully accept the terms and conditions of RICHMOND canine hydrotherapy centre.

Signature:..... **Date:**.....