



Your client has contacted us regarding an appointment for their dog.

Please complete the veterinary section below at your earliest convenience and attach relevant medical history prior to the first appointment. Any queries please do not hesitate to contact us.

For Hydrotherapy/ Aquatic Massage queries, please email:
enquiries-richmondhydro@hotmail.com

For Physiotherapy queries, please email:
admin@vaultphysiotherapy.com

OWNER'S DETAILS	
Name	
Address	
Postcode	
Tel No	
Email	

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 dog's veterinary surgeon			
Practice			
Address			
Postcode			
Tel No		Fax	
Email			

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

PHYSIOTHERAPY REPORT REQUIRED	YES/NO
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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/ AQUATIC MASSAGE AND/OR PHYSIOTHERAPY.

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:**.....