



DORSET AQUA DOGS HYDROTHERAPY LTD REGISTRATION/REFERRAL FORM

Dogs Name: _____

OWNER'S DETAILS			
Name:			
Address:			
Post Code:			
Telephone Nos:	Home:	Mobile:	Work:

DOG'S DETAILS					
Name:		Sex:		Dog Insured	Y/N
Breed:		Age:		Insurance Co	
Colour		Vac. Exp Date:		Policy No:	

VETERINARY DETAILS (This section MUST be completed and signed by the dog's Veterinary Surgeon)	
Veterinary Surgeon	
Practice	
Address	
Tel No:	

Summary of the dog's injury/condition, areas of caution, comments etc:

Is the dog on any medication, if so what?

IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT. YES / NO* (*delete as applicable)
Signed: _____ Date: _____

I/WE DECLARE THAT I/WE AM/ARE THE LEGAL OWNER(S) OF THE DOG NAMED ABOVE AND THAT THE INFORMATION SHOWN ON THIS FORM IS CORRECT.
Owner Signature(s) _____ Date: _____