



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					
Breed:		Sex:		Dog Insured	Y/N
Colour:		Age:		Insurance Co	
Weight:		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:	

When was the injury/condition first diagnosed or happen:	Does the dog suffer from: (*delete as applicable) *Epilepsy/Heart murmur/Aggression
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Is the dog on any medication/supplements, 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: _____