

Hydrotherapy Consent Form

doggypaddles

Owners Details

Name:

Address:

White Rails
Whiterails Road
Wootton Bridge
IOW PO334RN

01983 882669

doggypaddles
@aol.com

Telephone Numbers,

Landline:

Mobile:

Email Address:

Patient Details

Name:

DOB/Age:

Breed:

Insured?

Company:

Colour:

Sex:

Policy Number:

Current problem:

Investigation and findings:

Pre-existing conditions:

Current medication:

Other comments, concerns or specific requests:

Declaration - This animal is, in my opinion, fit to receive hydrotherapy treatment.

Practice Name:

Referring Vet:

Signature:

Email Address:

Practice Address:

Telephone Number:

By signing this form I agree to my animal receiving hydrotherapy treatment, that I will pay the agreed fee for this at the end of the session, to give a minimum of 24 hours notice for session cancellation and that I give consent for my submitted Information to be stored so my animal can be effectively treated.

Owners Signature:

Date:

