

VETERINARY CONSENT/REFERRAL FORM

OWNER'S DETAILS			
Name			
Address			
Tel		Mobile	
Email			
DOG'S DETAILS			
Name		DOB	
Breed		Vaccinated / Expiry Date	Yes / No Date:
Sex		Insured?	Yes / No
<p>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. FURTHER, I/WE HAVE READ AND FULLY ACCEPT AQUA PAWS CANINE HYDROTHERAPY'S TERMS AND CONDITIONS</p> <p>Signed: _____ Date: _____</p>			
VETERINARY DETAILS (This section must be completed and signed by the dog's vet)			
Veterinary Surgeon			
Practice			
Address			
Tel:			Email:
<p>Summary of the dog's injury/condition, areas of caution, comments</p> <p>Medical history attached? Yes/No</p> <p>Is the dog on medication? Yes / No If yes please give details</p>			
<p>IN YOUR OPINION, THE DOG NAMED ABOVE IS IN A SUITABLE STATE OF HEALTH TO ATTEND HYDROTHERAPY: Yes / No To be signed by Veterinary Surgeon</p> <p>Signed: _____ Date: _____</p>			