Veterinary Consent Form

Veterinary Details:

Practice Name: ……

Address: ……

Telephone Number: …… Email address: ……

Owner's Details:

Name: …….. Address: ……

…….. Postcode: ……

Home Telephone Number: ……..…… Mobile: ……

Email Address: ……

Animal's Details: Suitability to Treatment

Name: ……..… Sex: ……..…Neutered:……

Breed: …… D.O.B: ……

Colour: …… Insured: ….Y/N….. Company ……..……

Reasons for treatment:
Summary of relevant clinical conditions:
Current Medication:
I certify that the above animal is under my care and I believe s/he is in a suitable state of health for hydrotherapy/fun swims. **Vet name: …… Vet signature ……Date……..**
I/we confirm all the information on the above form is correct, I have read and accepted the terms and conditions and understand that any changes to the dogs health needs to be reported to Redditch Canine Hydrotherapy **Owner name……..Owner signature…… Date……**

Once completed, please email to jess@redditchdogwalking.co.uk