



CANINE HYDR CARE

VETERINARY CONSENT/REFERRAL FORM

Canine Hydrocare
2 Recreation Road
Sible Hedingham, Halstead
Essex. C09 3JG
01787 582 565
enquiries@caninehydrocare.co.uk
www.caninehydrocare.co.uk

OWNER'S DETAILS

Name:		
Address		
Tel:	Home:	Mobile:
Email:		

DOG'S DETAILS

Name:	Sex:	Male/Female:	Insured?	Yes / No
Breed:	D.O.B.:		Ins. Co:	
Colour:	Vac. Expiry:	/ /	Policy No.	

VETERINARY DETAILS.

(This section MUST be completed and signed by the dog's vet)

Veterinary Surgeon:	
Practice:	
Address:	
Tel:	Email:

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

Is the dog on medication? If so, what?

IN YOUR OPINION, IS THE DOG NAMED ABOVE, IN A STABLE SUITABLE STATE OF HEALTH TO UNDERGO:-
HYDROTHERAPY TREATMENT: YES / NO PHYSIOTHERAPY TREATMENT: YES / NO FEEDBACK REQUIRED: YES / NO.

Veterinarians Signature..... **Date:**.....

Dog Owners declaration:

I/We declare that we are the owner/s of the animal named above and that the information shown on this form is correct. Further more, I/we accept:

- | | |
|--|---|
| 1. Animals will not be treated without the prior consent of their veterinary surgeon. | 6. Owners are required to provide adequate restraint equipment and be present at all times during treatment. |
| 2. Animals with infectious or contagious conditions will not be treated. | 7. The owners hereby authorize and allow Canine Hydrocare to use any video footage or photographs taken during treatment sessions. |
| 3. The owner/s accept that Canine Hydrocare, can not be held responsible for any worsening of the dogs condition or any other condition, that may result from the dogs experiences at the Canine Hydrocare Centre. | 8. Canine Hydrocare accepts no responsibility for any loss or damage to any vehicle or property, whilst however occasioned, whilst at Canine Hydrocare premises. |
| 4. Canine Hydrocare reserves the right to refuse treatment to the animal. | 9. Animal owners are required to notify Canine Hydrocare, if during the course or the dogs treatment, the dogs condition worsens or if the Veterinary Surgeon advises treatment should be stopped or suspended. |
| 5. The owners should provide their own towels to assist in the drying of their animal after every treatment. | 10. The owner/s accept that Canine Hydrocare, will only hold information including their name, address, telephone and email address on their computer system for the benefit of invoicing, treatment records, and marketing exclusively for Canine Hydrocare. It will not be passed onto any third party. |
| | 11. This Consent/Referral form will only be valid for six months |

OWNER/S SIGNATURE: DATE:.....