Waves Canine Hydrotherapy

REHABILITATION | FITNESS | FUN

Veterinary Consent Form

Before starting hydrotherapy, we require consent from your vet, even for fun swims. This ensures there are no underlying conditions that could be affected by hydrotherapy, as required by the Veterinary Surgeons Act. Please complete the form below, by sharing with your vet and return it to us once complete.

Client Details Client to complete before providing to your vet			
First Name		Last Name	
Email Address		Phone Number	
Address			
Town		Postcode	

Dog Details Client to complete before providing to your vet			
Dog Name		Breed	
Colour		DOB	
Sex	Male | Female	Is Neutered?	Yes | No
Microchip Number			

Veterinary Practice Details			
Name of Practice		Phone Number	
Email Address			
Address			
Town		Postcode	

Veterinary Consent	
Name of Veterinary Surgeon (include Qualifications and Registration number)	
Reason for Consent	Rehabilitation | Fitness | Fun
Relevant Medical History Notes and Details on Condition (if applicable) *Please include any information that we would need to know when offering hydrotherapy to this dog and highlight any areas that may be of concern, or for us to focus on*	

Current Medication	
Vaccination Expiry Dates	

Veterinary Declaration	
I have examined the above patient and in my opinion they are in a suitable state of health to undergo hydrotherapy treatment.	
Veterinary Signature	
Date	

We appreciate your time and cooperation in completing this form promptly. Please return the completed form to **info@wavescaninehydrotherapy.co.uk**. If you have any questions or require further information, feel free to contact us at **01304 790229**.