



## Little Barn Hydrotherapy Veterinary Consent Form

Clients Name				
Address				
		Post Code:		
Telephone Number	Home:	Mobile		
Email address				
Dog's Name			Breed	
Colour		Date of Birth	Insured	
Micro Chipped		Vaccination Expiry Date	Policy Number	
Sex		Neutered	Company	
<p>I declare that I am the legal owner of the dog named above and that the information shown on this form is correct. I give my permission to my vet (and any other health care professionals involved in the care of my dog), to supply Little Barn Hydrotherapy with the information requested below. Further I have read and fully accept the terms and conditions printed overleaf and on website.</p> <p>Client's Signature ..... Date.....</p>				
<b>Veterinary Details</b>	<b>(This Section MUST be completed and signed by the dog's veterinary surgeon prior to any treatment)</b>			
Veterinary Surgeon				
Practice				
Address				
		Post Code:		
Tel.No				
Email Address				
<b>Summary of the dog's injury/condition, areas of caution, background, comments etc</b>				
<b>Is the dog on medication? If so please list details and dosages</b>				
<b>Is the dog seeing any other professional or alternative therapist? E.g. physio. If so please give contact details.</b>				
<b>In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment?</b>				
Vet's Signature.....			Yes / No	
Print Name .....			Date .....	