**Owner Details**

|  |  |
| --- | --- |
| **Name:** | **Address:** |
| **Telephone:** | **Postcode:** |
| **Email:** | |

**Dog’s Details**

|  |  |
| --- | --- |
| **Name:** | **Breed:** |
| **D.O.B:** | **Sex:** |
| **Colour:** | **Weight:** |
| **Reason for Hydrotherapy:**  Puppy Swim – build water confidence, exercise in weight free environment. | |
| **Any injuries or previous surgeries we need to be aware of?** | |
| **Current medication:** | |

**Vet Details:**

|  |  |
| --- | --- |
| **Practice Name:** | **Address:** |
| **Name of Vet:** | **Postcode:** |
| **Telephone:** | **Email:** |

**\*\*After completing the first page please return this form to** **[hydrotherapy.doggypaddle@gmail.com](mailto:hydrotherapy.doggypaddle@gmail.com) \*\***

**\*This section must be completed by the patient’s vet\***

**As a registered hydrotherapist, I am required to gain permission from the registered vet before swimming a dog even for fun and fitness sessions.**

|  |
| --- |
| **Is there any condition present that may be of concern for the hydrotherapist:** |
|  |
| **In your opinion, is the patient stated above in a suitable state of health to swim?** |
|  |

**Name of Referring Veterinary Surgeon:**

**Signed:**

**Date:**