



**The following section is to be completed, and signed by the dog's owner(s):**

Client Name:			
Address & Postcode:			
Primary Contact Number:		Secondary:	
Email Address:			

Dogs Name:		Breed:	
Male/Female:		Age (DOB):	
Neutered/Spayed:	Y / N	Vaccinated (Inc. KC)	Y / N
Will you be claiming on your dogs insurance?	Y / N	<i>(if Y, please fill in the section below)</i>	
Insurance Provider & Policy Number			

**I/We, as the legal owner of the dog listed above agree and allow Brambles Hydrotherapy to contact my veterinary practice in relation to my dog's medical history and hydrotherapy treatment.**

**I confirm I have read and accept Brambles Hydrotherapy Terms & Conditions**

**I consent to Brambles Hydrotherapy receiving my dog's medical history from my vet.**

**Print:**

**Signed:**

**Date:**

**The following section is to be completed, and signed by the dog's veterinary surgeon:**

Veterinary Practice:	
Address & Postcode:	
Phone Number:	
Email Address:	
Reason for Referral:	
Any other relevant medical information:	
Date of treatment/surgery (if applicable):	
Medication:	
Behavioural Notes:	

**I confirm this form is completed to the best of my knowledge and that in my professional opinion the above named dog is a suitable candidate for Hydrotherapy.**

**Print:**

**Signed:**

**Date:**