Veterinary Consent Form

Canine Hydrotherapy, Electrotherapies & Clinical Massage

Penny Fordham RCH – Canine Hydrotherapist DipHydroSA RCH
Danielle Perdue - Canine Hydrotherapist & Director CertHydroSA RCH

Client Name					
Address					
				Post Code	
Telephone Number	Home:		Mobile:		
Email Address:					
Pet Details					
Name		Sex		Insured	Yes/No
Breed		D.O.B		Company	
Colour		Vaccination Expiry Date		Policy Number	

This section must be completed and signed by the referring Veterinary Surgeon	
Veterinary Surgeon	
Practice	
Address	
Tel. No.	
Summary of condition/s being referred for treatment:	
Is the dog on medication, if so please list details and dosages	

In your opinion, is the dog named above in a suitable state of health to take part in; Canine *Hydrotherapy & Electrotherapies*

Yes ☐ No ☐ Print Name:……

Signature:…… Date……

To be completed by the registered owner/s

I/We declare that I/We Am/Are the legal owner(s) of the dog named above and confirm that the information shown on this form is correct. I/We give full consent for the above named dog to receive treatment at the Retreat Swansea.

Signature(s)……. Date:……..

Please return the completed form along with the patients clinical history to:

info@theretreatswansea.co.uk