



# Veterinary Consent Form

## Physiotherapy & Hydrotherapy

modalities available: 3 laser Ultrasound P F Underwater  
Treadmill Hydro Pool Manual Therapies

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

<b>This section must be completed and signed by the referring Veterinary Surgeon</b>	
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 Hydrotherapy/Physiotherapy (Delete as appropriate)

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 to:**

**info@theretreatswansea.co.uk**

