



Veterinary Consent Form

Canine Hydrotherapy & Veterinary Physiotherapy

Leah Phillips - Veterinary Physiotherapist Bsc (Hons) PGDip MIRVAP Msc (S)
Danielle Perdue - Canine Hydrotherapist & Director CertHydroSA RCH

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

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