



CLIENT REGISTRATION FORM

NAME			
ADDRESS			
POSTCODE			
TEL NO.		Mob:	

DOG'S DETAILS

NAME		SEX	M / F	DOG INSURED	Y/N
BREED		D.O.B	/ /	INS COMPANY	
COLOUR		VAC EXPIRY DATE		POLICY NUMBER	
Spayed/neut?		Nervous/aggressive		Do you intend to claim? Yes / No	
Outcome goals			Previous activity level		
Current activity level			Biggest concern		

MEDICAL HISTORY

Please give a brief description of problem, (i.e. type of injury or required weight loss)

IN AN EMERGENCY

Veterinary's Name:
Practice name & Address:
Telephone: _____ Emergency number: _____

I DECLARE THAT I AM THE LEGAL OWNER OF THE DOG NAMED ABOVE AND THAT THE INFORMATION GIVEN IS CORRECT. FURTHER I HAVE READ AND FULLY ACCEPT THE TERMS & CONDITIONS OF BUTTERWICK HYDROTHERAPY CENTRE.

Signature(s)..... Date...../...../.....

BUTTERWICK HYDROTHERAPY CENTRE
 BUTTERWICK SOUTH FARM, SEDGFIELD, TS21 3ER
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