



Veterinary Consent

NAME	
ADDRESS	
Post code	
Tel:	

DOG'S DETAILS

NAME		SEX	male/female	DOG INSURED	Yes / No
BREED		D.O.B		INS COMPANY	
COLOUR		VAC EXPIRY DATE		POLICY NUMBER	
Spay/neut?	Yes/No	Behavioural concerns?			
Past medical history					
Previous surgery					
Special diet/medications		Previous hydrotherapy?	Yes/No	If yes where?	
Previous activity level		Outcome goals			

VETERINARY DETAILS (This section MUST be completed & signed by the dog's veterinary surgeon)

Veterinary surgeon	
Practice	
Address	
Tel no.	
Email:	

Summary of the dog's injury(s) or condition, areas of caution, comments etc**

Is the dog on medication, if so what?

WHAT IS HOPED TO BE GAINED FROM HYDROTHERAPY?

IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT YES/NO*

Vet's Signature _____ **Date** ___/___/___

*Please delete as applicable ** Please continue overleaf