



29B Southgate
Pontefract
West Yorkshire
WF8 1LN
Telephone: 01977 780 043

Client Registration / Referral Form

Owner Details:

Name:.....

Address:.....

Post Code:.....

Contact Number:.....

Email Address:.....

Dog Details:

Name:..... Sex:..... Insured:.....Yes / No*.....

Breed:..... DOB:..... Insurance Company:.....

Colour:..... Vacc. Expiry..... Policy Number:.....

*FOR VET USE
ONLY*

Veterinary Details:

Veterinary Surgery:.....

Vet Name:.....

Address:.....

Contact Number:.....

Summary of Dog's Medical History, areas of caution, comments etc.

.....

.....

Is the Dog on medication? If so, what?

.....

Is the named Dog in a suitable condition of health to undergo Hydrotherapy? Yes / No*

Veterinary Surgeon's Consent:

Signature:.....

Date:.....

Owner's Consent

***Please delete where necessary**

I / We declare that I / We am / are the legal owner(s) of the Dog named above, and that the information on this form is correct. Furthermore, I / We have read and fully accepted the terms and conditions printed overleaf.

Signature(s)

Date:.....