**Wagtails K9 Hydrotherapy**

**Hydrotherapy & Rehabilitation**

**Fun & Fitness**

**Consent Form**

**Owner Details**

|  |  |
| --- | --- |
| Name | Email Address |
| Address | Telephone Number |

**Patient Details**

|  |  |  |
| --- | --- | --- |
| Name | Breed | DOB |
| SEX | Neutered Y/N | Weight |

**Veterinary Details (to be completed by the patient’s veterinary surgeon).**

|  |  |
| --- | --- |
| Practice Name | Referring Veterinary Surgeon |
| Address | Telephone NumberEmail |
| Details of any current medication | Details of condition/procedure |
| In your opinion is the patient in suitable for hydrotherapy treatment.Y/N | Signed:Date: |

**Owner to sign and date**

I understand and accept full responsibility as the legal owner of the patient for disclosing any relevant facts

regarding my dog’s health, especially if they are any medical changes whilst carrying out treatment at Pawsitive K9 hydrotherapy. I have also received and read the information regarding my animals “pre swim” and accept the terms and conditions of Pawsitive K9 hydrotherapy