

VETERINARY CONSENT FORM FOR HYDROTHERAPY

THIS PART IS TO BE COMPLETED BY THE CLIENT

CLIENT NAME			
ADDRESS/POSTCODE			
PHONE. NO.		MOBILE NO.	
E-MAIL ADDRESS			
DOGS DETAILS			
NAME OF DOG			DATE OF BIRTH AGE
BREED		MALE / FEMALE	VACCINATED
			NEUTERED
			YES / NO
			YES / NO
<p>I/we are the legal owner(s) of the above named pet and that the information shown on this form is correct AND I/we agree to allow HOUSE of HYDRO to contact my vet in relation to treatment and consent to the disclosure of the clinical information regarding my/our pet for the purpose of referral AND have read and fully accept HOUSE of HYDRO's Terms and Conditions.</p> <p>Signature(s) _____ Date _____</p>			

THIS PART IS TO BE COMPLETED BY THE VETERINARY SURGEON

PRACTICE NAME		VET NAME	
PRACTICE ADDRESS			
PRACTICE TELEPHONE			
PRACTICE EMAIL			
CONDITION			
REASON FOR REFERRAL/CONDITION -			
SUMMARY OF PETS INJURY/CONDITION, PLEASE GIVE SPECIFIC DETAILS <div style="text-align: right;">Please continue overleaf if required...</div>			
DATE OF SURGERY/WEEKS POST OP			
MEDICATION			
ANY OTHER MEDICAL PROBLEMS – E.G. CARDIAC, RESPIRATORY, EPILEPSY, DIABETES, EAR PROBLEMS ETC.			
IN YOUR OPINION IS THE PET NAMED ABOVE SUITABLE OF HEALTH TO ENGAGE IN PEMF THERAPY ?	YES	NO	
IN YOUR OPINION IS THE PET NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO HYDROTHERAPY TREATMENT?	YES	NO	
Please tick this box if you require a vet report <input type="checkbox"/>			
<p>I understand that any hydrotherapy treatment given to the above animal is the responsibility of the NARCH Registered Canine Hydrotherapist based on the information requested.</p> <p>Signature(s) _____ Date _____ Practice Stamp</p>			