

**CLIENT REGISTRATION FORM**

Name:  
Address:  
  
Town:  
Postcode:  
Tel No:

Email:



**VETERINARY DETAILS**

**(This section MUST be completed and signed by the dog's Veterinary Surgeon)**

**DOGS NAME:**.....

<b>Veterinary Surgeon</b>	
<b>Practice</b>	
<b>Address</b>	
<b>Tel. No.</b>	
<b>Summary of the dog's injury/condition, areas of caution, comments etc., Is the Dog on medication, if so what?</b>	

**In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment yes / no** \* Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Please delete as applicable

**OWNER'S DETAILS** I/WE DECLARE THAT I/WE AM/ARE THE LEGAL OWNER(S) OF THE DOG NAMED ABOVE AND THAT THE INFORMATION SHOWN ON THIS FORM IS CORRECT. FURTHER I/WE HAVE READ & FULLY ACCEPT THE DHC TERMS & CONDITIONS.

**BREED OF DOG:** \_\_\_\_\_ **AGE.:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return to: Doncaster Hydrotherapy Centre  
Oak Lee, Marsh Lane, Thorne, Doncaster, DN8 4JT**

**Or fax: 01405-740295**

<b>Office Use Only</b>	<b>Client No.</b>	<b>Start Date</b>	<b>Programme</b>