



# CANINE THERAPIES: Hydrotherapy and Remedial Massage

Preston, Lancashire

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## CLIENT REGISTRATION AND VETERINARY CONSENT FORM

A client of yours has requested an appointment for:

- Hydrotherapy
- Remedial Massage
- Electro-magnetic pulse therapy
- McTimoney treatment

We require veterinary permission and (where necessary) medical history for each dog attending Canine Therapies. If you would like to discuss a case in more detail please do not hesitate to telephone and speak directly to a practitioner.

### Owner Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Tel: \_\_\_\_\_

### Animal Details

Name \_\_\_\_\_

Breed \_\_\_\_\_

Colour \_\_\_\_\_ Male / Female

D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Is dog insured? \_\_\_\_\_ Company: \_\_\_\_\_

### VETERINARY DETAILS (This section *must* be completed by the dog's veterinary surgeon)

Practice Address \_\_\_\_\_

Tel: \_\_\_\_\_

Summary of dog's previous illness /surgery / accident / areas of caution:

\_\_\_\_\_

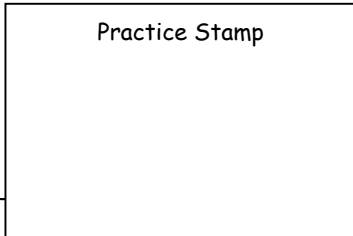
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



I give permission for this dog to receive the treatment(s) indicated at the top of this form and consider it to be in a suitable state of health to undergo this treatment.

Signed \_\_\_\_\_ (Veterinary Surgeon) Date \_\_\_\_\_

(Print name) \_\_\_\_\_