

Name Address	
Tel No	
E mail	

### Dog's Details

Name		Sex	
Breed		Date of Birth	
Colour		Vaccination Date	

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

Veterinary Surgeon Practice Address	

Summary of the dog's injury/condition, areas of caution, comments etc.
Is the dog on medication, if so what?
In your opinion, is the dog named in a suitable state of health to undergo hydrotherapy treatment
YES/NO                      Signed.....                      Date.....
I/WE DECLARE THAT I/WE ARE THE LEGAL OWNER(S) OF THE DOG NAMED ABOVE AND THE INFORMATION SHOWN ON THIS FORM IS CORRECT. I/WE HAVE READ AND FULLY ACCEPT MASCOTTS TERMS AND CONDITIONS
Signed.....Date.....