

# Meadow Farm Canine Hydrotherapy and Rehabilitation

## Client Registration and Veterinary Referral Form

<i>Client Name</i>							
<i>Address</i>							
			<i>Post code</i>				
<i>Telephone</i>				<i>Email</i>			
<b><i>Dog's Details</i></b>							
<i>Name</i>			<i>Sex</i>			<i>Insured</i>	<i>Yes / No</i>
<i>Breed</i>			<i>Neutered ?</i>			<i>Company</i>	
<i>Colour</i>			<i>Age</i>			<i>Last Vaccination</i>	
<b><i>Veterinary Details</i></b> (This section must be completed by the referring Veterinary Surgeon)							
<i>Veterinary Surgeon</i>							
<i>Practice</i>							
<i>Address</i>							
			<i>Telephone</i>				
<b><i>Summary of Medical History</i></b> please include; x-ray results, hip scores, surgical intervention, medication							
<p><i>Please continue on a separate sheet if necessary, please include a copy of relevant case notes and referral reports if at all possible as this is of great help to us when compiling rehabilitation programmes.</i></p>							
<p><i>Please indicate whether the above named dog is in a suitable state of health to undergo hydrotherapy &amp; physiotherapy: YES / NO (please circle)</i></p>							
<i>Vet Signature</i> _____				<i>Date</i> _____			
<p><i>I declare that I am the legal owner of the above named dog and that the information given is correct. I hereby agree to allow Meadow Farm Hydrotherapy to carry out hydrotherapy treatment. I have read and understood the Terms and Conditions and agree to Meadow Farm contacting me and processing my data as indicated in the privacy policy. I understand that I can opt out of further contact at any time.</i></p>							
<i>Owner's Signature</i> _____				<i>Date</i> _____			