

### VETERINARY CONSENT FORM

#### 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	YES / NO
		NEUTERED	YES / NO

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.

Signature(s)

Date

#### 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			
	Please continue overleaf if required...		
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 <b>HYDROTHERAPY</b> TREATMENT ?	YES	NO	
IN YOUR OPINION IS THE PET NAMED ABOVE SUITABLE OF HEALTH TO ENGAGE IN <b>PEMF</b> THERAPY ?	YES	NO	
IN YOUR OPINION IS THE PET NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO <b>K-LASER</b> TREATMENT?	YES	NO	
Please tick this box if you require a vet report <input type="checkbox"/>			

**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.**

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_ Practice Stamp