



Blair Hands
Unit 11 Gordon Park
Orchardbank Industrial Estate
Forfar
DD8 1WJ
Tel: 07599458811

info@animalhealthhydrotherapy.co.uk
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Owner Details

Owner Name:	Phone:
Address:	Mobile:
Postcode:	Email:

Dog's Details

Name:	Breed:	Sex:
DOB:	Colour	Neutered?:

I declare I am the legal owner of the above named dog and that all information presented is correct to the best of my knowledge. I give consent for my dog to be treated by Animal Health Hydrotherapy staff.

Owner signature:	Print name:	Date:
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Veterinary Surgeon Details

Name:	Practice Name:
Practice Address:	Practice Stamp:
Phone:	Email:

Your Vet must complete the details below, along with a signature

Reason for approach, treatment, areas of concern:
Is the dog on medication? If yes, what (and for what condition)

In your opinion is the dog named above in a suitable state of health to undergo hydrotherapy treatment and is fit to undertake an exercise programme? **Yes / No** (delete as applicable)

Signature of Veterinarian:	Date:
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NB: Please attach further notes for medical history if necessary. If you have any queries, please call to speak to Blair Hands.

Animal Health Hydrotherapy acknowledges and respects the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon an animal without getting prior veterinary approval.