



Unit 5a Bayfield Brecks Barns, Garden Lane, Letheringsett, Holt NR25 7DZ
 mob: 07786 914834 | tel: 01263 478448 | email: fourpawshydro@hotmail.com

Hydrotherapy Recommendation Form

Owner's Details

Name			
Address			
Post Code			
Tel. No.		Mobile Number	
Email			

Dog's Details

Name		Sex		Is Dog Insured	Y/N
Breed		D.O.B		Insurance Company	
Colour		Vac Expiry Date		Policy Number	

Veterinary Details (These MUST be completed and signed by the dog's Veterinary Surgeon)

Veterinary Surgeon			
Practice Address			
Tel. No.		Fax. No.	
Description of the dog's injury/condition, areas of concern, comments etc.,			
Is the dog on any Medication, if so what:			
Any Alternative Therapies, if so what: (physiotherapy etc)			
In your opinion, is the dog named above in a suitable state of health to undergo Hydrotherapy Treatment Yes/No *			
*delete as applicable			
Signature		Date/...../.....	

I/We declare that I/We are the legal owner(s) of the above named dog and that the information given on this form is correct. I/We have read and fully accept the Terms and Conditions set out by Fourpaws.

Signature(s) Date/...../.....