



ALLSORTS HYDROTHERAPY CENTRE
The Willows, Grange Mill Farm, Old Linslade Road, Leighton Buzzard LU7 0DU

Consent Form

Your client would like their dog to attend hydrotherapy sessions.
Please complete the veterinary section and return to us as soon as possible.

Client Name: _____

Address: _____
_____ Post Code _____

Contact number: _____ Email: _____

Patient details:

Name _____ Sex _____ Breed _____

DOB _____ Colour _____ Vaccination date _____

Insured? YES NO Company Policy number _____

VETERINARY DETAILS (this section must be completed & signed by the dog's veterinary surgeon)

Veterinary Surgeon _____ Practice _____

Address _____ Contact number _____

Summary of injury/condition, areas of caution, background, comments

In your opinion is the dog named above in a suitable state
of health to undergo hydrotherapy treatment? YES NO

Print Name _____ Signature _____ Date _____

I declare that I am the legal owner of the dog named above and that the information shown on this form
is correct. Further I have read and fully accept the terms and conditions of Allsorts Hydrotherapy Centre

Print Name _____ Signature _____ Date _____