



## Client registration form

Name	
Address	
Tel No.	
Email	

### Dog's details-

Name		Sex: Spade: Neutered:	
Breed		D.O.B	
Colour		Vaccination expiry date	

Veterinary details (this section MUST be completed and signed by the dog's Veterinary surgeon.

Veterinary Surgeon	
Practise	
Address:	
Tel no.	
Fax No.	

Summary of the dog's injury/condition, areas of concern/caution, comments etc

Is the dog on medication, if so what?-

In your opinion, is the dog named in a suitable state of health to undergo hydrotherapy treatment.

**YES/NO**

Signed..... Date.....

I/we declare that I/we are the legal owner(s) of the dog named above and the information shown on this form is correct. I/we have read and fully understand and accept Waterhounds terms and conditions.

Signed..... Date.....