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Veterinary Consent Form for Hydrotherapy Treatments

NAME:	
ADDRESS:	
POSTCODE:	
TELEPHONE:	EMAIL:

ANIMAL DETAILS

NAME:	D.O.B:	BREED:
COLOUR:	WEIGHT:	SEX:

THIS SECTION TO BE COMPLETED BY THE ANIMAL'S VETERINARY SURGEON

VETERINARY SURGEON:	
PRACTICE ADDRESS:	
TELEPHONE:	EMAIL:

SUMMARY OF THE ANIMAL'S INJURY OR CONDITION, AREAS OF CAUTION, COMMENTS ETC

MEDICATION DETAILS:

I give my consent for the above named animal to receive hydrotherapy treatment

VETERINARIAN'S SIGNATURE:	DATE:
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I/WE DECLARE THAT I/WE ARE THE LEGAL OWNERS OF THE ANIMAL NAMED ABOVE AND THAT ALL THE INFORMATION SHOWN ON THIS FORM IS CORRECT. FURTHER I/WE HAVE READ AND FULLY ACCEPT THE WELL DOGS TERMS AND CONDITIONS PRINTED BELOW.

OWNER/S SIGNATURE/S:	DATE:
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1. Animals will not be treated without the prior authorisation of their Veterinary Surgeon.
2. Animals with infectious or contagious conditions will not be treated.
3. Owners are required to notify Well Dogs if, during the course of treatments, the animal's injury or condition worsens, or if the Veterinary Surgeon advises that treatment is stopped or suspended.
4. Well Dogs reserves the right to refuse treatment to any animal.
5. Owners are requested to provide adequate restraint apparatus and be present at all times during the animal's treatment session.

6. Well Dogs reserves the right to use video footage and photographic stills taken during treatment sessions.
7. Well Dogs cannot be held responsible for any loss or damage to vehicles or personal property, howsoever occasioned, whilst on business/Well Dogs premises.

