



Lorna Colley (R.C.H)  
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## Veterinary Information for Hydrotherapy

A client of yours has contacted us requesting an appointment for Hydrotherapy / Fitness swim (Please delete as appropriate).

Name:	
Address:	
Telephone:	Email:
Mobile:	
I am the legal owner of the above animal and have read the Well-dogs terms and conditions.	
Signature:	Date:

## Animal Details

Name:	Breed:	
D.O.B:	Sex:	Weight:

We require veterinary information and if necessary medical records for each animal receiving hydrotherapy.  
**(This section must be completed and signed by the animal's Veterinary Surgeon).**

## Veterinary Details

Practice Address:	
Telephone:	Email:
Date of last examination: Summary of the animals injury / condition, areas of caution, medication, comments etc.	
Veterinary Surgeon (Please print name)	
I understand that any Hydrotherapy treatment given to the above animal is the responsibility of the Registered Canine Hydrotherapist based on the information provided.	
Signature:	Date: