



A client of yours has contacted us requesting an appointment for Hydrotherapy / Fitness swim or Laser Therapy.

Animal Information

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).

Practice address:	
Telephone:	Email:
Date of last examination: Summery of the pets injury/condition, areas of caution, medication, comments and possible contraindications etc.	
Please also attach a copy of clinical history.	
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.	
I would like to receive a report YES / NO	
Signature:	Date: