****Please return this form with any medical notes to enquiries@loyalwillcaninehydrotherapycentre.co.uk

**VET CONSENT FORM**

**Name of the Owner**

**Address of the Owner**

**Tel Home Mobile**

**Name of the Patient**

**Breed**

**Sex**

**Age**

**Insured Company**

**Policy Number**

**Vaccination Expiry Date**

**Name and address of the referring practice**

**Summary of the dogs injury/condition, areas of caution, background, comments etc**

**Any medication being taken**

**We declare that we believe the patient to be in a suitable overall state of health to undertake hydrotherapy**

**Signed………………………….. Dated………………………………..**

**Print……………………………..**

**I/We declare that We are the legal owners of the dog named above and that the information shown on this form is correct.**

**Signed………………………………………………………. Date………………………………….**