



Please return this form with any medical notes and Xrays 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 DOB

Colour Neutered

Insured Company Policy Number

Vaccination Expiry Date

Name, address, telephone number and email address of the referring practice

Reason for treatment

Summary of relevant clinical conditions

Any medication being taken

I certify that the above animal is under my care, and consent to the treatment of this animal.

Vet Signature.....

Dated.....

Print.....

We will send you a report every 12 sessions with details of his/her treatments. We may contact you prior to the first session to discuss the case in more detail.