

SPANGLERBERRY

HYDROTHERAPY REFERRAL CENTRE

BERRY LANE, WORPLESDON, GUILDFORD, SURREY, GU3 3QG ...01483 232330

The Purpose of this form is to seek Qualified Veterinary approval to swim

Veterinary Surgeon.....

Practice.....

Telephone..... Fax.....

Clients Name

address.....

Telephone..... Fax.....

Dog's name**Breed**

Sex..... Date of birth..... Vaccination date.....

Details of Medical Condition:

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Medication:

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Veterinary Clearance;

Please provide hydrotherapy support for this animal.

The dog named above is in a suitable state of health to undertake a course of Hydrotherapy.

Signature.....

Declaration to be signed by Dog owner. I as legal owner of the above named dog, have read and fully accept the Terms and Conditions listed overleaf.

Signature.....