

THIS PART IS TO BE COMPLETED BY THE CLIENT

NAME (OWNER)

ADDRESS / POSTCODE

CONTACT NUMBER.

E-MAIL ADDRESS

DOG'S DETAILS

NAME

DATE OF BIRTH / AGE

BREED

VACCINATED

INSURANCE COMPANY

POLICY NO.

CLIENT DECLARATION & SIGNATURE

I / We are the legal owner(s) of the Dog named above AND agree to allow Aquapaws Sheffield to contact my vet in relation to treatment.

Signature(s) _____ Date _____

THIS PART IS TO BE COMPLETED BY THE VETERINARY SURGEON

DATE OF SURGERY, (IF APPLICABLE)

PLEASE LIST DETAILS OF THE PATIENTS PMH + CURRENT MEDICATIONS.

SUMMARY OF THE DOGS INJURY, CONDITION OR SPECIFIC AREAS OF CONCERN/GENERAL COMMENTS:

PAST MEDICAL HISTORY

Please email a copy of the medical history to info@aquapawssheffield.co.uk

IS THE DOG NERVOUS / AGGRESSIVE?

PLEASE TICK THE APPROPRIATE OPTION

TREATMENT

FUN & FITNESS

VETERINARY SURGEON DECLARATION & SIGNATURE

I confirm that the dog named above is in a suitable state of health to undergo hydrotherapy treatment.

Print Name _____ (Veterinary Surgeon) Practice Stamp

Signature(s) _____ (Veterinary Surgeon)

Date _____

Therapists take full responsibility for their work and will immediately refer the patient back to the referring Veterinary Surgeon should they see any signs of underlying injury, disease or pathology. Our therapists are governed by the IRVAP code of conduct which they fully observe. We will only process, use and store your personal data in accordance with the General Data Protection Regulation (2016). Please ensure that if you have provided us with the personal data of any other person, you have obtained their consent to pass this data to us. We will keep it secure and use it only in order to perform our obligations under this agreement.