



Veterinary Consent Received ☐

Terms and Conditions Signed ☐

## **Blossoms Animal Hydrotherapy Centre**

### **Client Registration Form**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Dog Name: \_\_\_\_\_

Breed: \_\_\_\_\_ M / F

DOB/Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Vaccinated: Y / N Insured: Y / N

Reason for Hydro: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Summary of condition (areas of caution, any additional medical conditions, etc):

Veterinary Surgery: \_\_\_\_\_ Practice Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Owner Consent**

I agree that I am the legal owner of the dog(s) named above and that the information shown on this form is correct. Furthermore, I have read and fully accept the terms and conditions of the Hydrotherapy Centre and take full responsibility for my dog(s).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Hydrotherapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_