

Hainault Hydrotherapy Centre

Canine Registration Form

welcome 



Contact Details



Name

Address

Telephone

.....

Mobile

.....

Email

.....



Dog Details



Dogs Name

Breed

Sex

Date of Birth

Vet Name

Practice Name

Branch

Telephone

Any other pets
in the house hold



General Information



Reason for attending Hydrotherapy

Fun Swim / Exercise / Rehabilitation

Please list any current/relevant medical Conditions suffered by your dog

How many minutes exercise does your dog receive each day?
On or off lead

What is your dogs current food?
(including how often & treats)

Has your dog ever swum before?

Yes / No

Please provide details of any known allergies?



Has your dog ever shown signs of aggression to:

Humans Y / N

Other Dogs Y / N

How did you hear about us

Vet / Friend / Leaflet / Internet

Other



Health Check :

Eyes:	Lumps etc:
Ears:	Teeth:
Gums:	Gait in walk:
Weight:	Gait in Trot:

I understand that hydrotherapy may not help all conditions and as with any physical activity, swimming can involve some risk.

I have given all relevant medical and behavioural history above and will inform the centre of any changes to my dogs health.

I authorise Hainault Hydrotherapy to contact the veterinary surgeon named on this form to obtain confirmation that my dog is fit to swim and to discuss any aspects of ny dogs health and treatment.

I declare that I am the legal owner of this dog, and that the information given on this form is correct.

I have read and fully accept the terms and conditions set out by Hainault Hydrotherapy.

Assessed by _____ Date _____
Signed _____ Date _____

Thank you..