Veterinary Consent for Hydrotherapy

This form must be completed and signed by your veterinary surgeon before hydrotherapy treatment, Class IV laser therapy or McTimoney chiropractic treatment can commence.

OWNER DETAILS

Name: _____

Address: _____

_____

Postcode: _____

Contact telephone no.: _____ Email address: _____

DOG DETAILS

Name: _____ Breed: _____

Date of birth: _____ Sex: ☐ Male ☐ Female Neutered: ☐ Yes ☐ No

Insurance company: _____ Policy no.: _____

VETERINARY DETAILS (to be completed and signed by the dog's vet)

Veterinary surgeon practice: _____

Address: _____

_____

Telephone no.: _____ Email address: _____

Reason for referral, including summary of dog's current condition/injury, areas of caution and any other comments:

_____

_____

_____

If the dog is on medication, please provide details (including dosage):

_____

_____

Please provide full veterinary history and return with this form.

In your opinion, is this dog suitable to undergo hydrotherapy treatment?

☐ Yes ☐ No Comments/any restrictions: _____

In your opinion, is this dog suitable to undergo Class IV laser therapy?

☐ Yes ☐ No Comments/any restrictions: _____

In your opinion, is this dog suitable to undergo McTimoney Chiropractic treatment?

☐ Yes ☐ No Comments/any restrictions: _____

Veterinary surgeon signature: _____ **Date:** _____

Bridgend Farm, Much Cowarne, Bromyard, Hereford, HR7 4JL