

4 Paws Hydrotherapy Centre

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Fun and Fitness Consent Form

Owner Details:

Name:	Postal Code:
Address:	Tel: Home: Mobile: Email:
I have received and fully accept the 'pre-swim information' document of treatment at 4 Paws Hydrotherapy Centre. I, as the legal owner of the dog accept full responsibility for divulging any facts that may be relevant during treatment, particularly in respect of any changes to the dog's health.	
Read & agreed. Please Sign:Please Print Name:.....	

Patient Details:

Name:	Sex:	DOB:
Breed:	Colour:	Weight:

Veterinary Details: (This section MUST be completed and signed by the patient's veterinary surgeon.)

Practice Name:	Name of Vet:
Address:	Telephone: Fax:
Postal Code:	Email:

Patients that swim for a fun and fitness purposes will not be given any rehabilitation exercises once in the pool. Please state if there is any condition present that may be of concern to the hydrotherapist:

Details of any current Medication:

By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.

Signed:	Date:
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