



Owner's details	
Name	
Address	
Email	
Mob no.	

Dog's details					
Name		Sex		Is dog ins	Y / N
Breed		DOB		Ins co	
Colour		Vac	Y / N	Policy no.	

Veterinary details	
Practice	
Address	
Tel no.	
Fax no.	
Email	
Referring Vet	
Summary of the dog's injury/surgical procedures/condition	
Present treatment including any current medication	
Other important clinical details (e.g. diabetes, epilepsy)	

In my opinion, the dog named above is in a suitable state of health to undergo Physiotherapy /Hydrotherapy treatment.

Signature:

Date:

I declare that I am the legal owner of the above named dog and that the information shown on this form is correct. Further, I/we have read and fully accept the terms and conditions printed overleaf.

Signature:

Date:

Patient health assessment

Date of assessment	
Eyes	
Ears	
Skin	
Date of last worming	
Heart rate	
Body condition/fitness	
Weight	
Mobility	
Urinary/faecal incontinence	
Behavioural considerations	

Other comments:

Signature of Hydrotherapy Team member: