



Canine Hydrotherapy Centre

Registration Form:

Vet Details:

Practice Name:	Vets Name:
Address:	
Postcode:	
Telephone:	Fax:

Owners Details:

Name:	
Address:	
Postcode:	
Telephone:	Mobile:
Email:	

Patients Details:

Name:	Sex:	DOB:
Breed:	Weight:	
Insured: Y / N	Insurance Company:	
Vaccinated Y / N	Vaccination Due:	

Case History (if relevant) Current treatment including specific requirements for hydrotherapy:	
Does the Patient have any behavioural considerations?	
I Consider the above patient to be fit for hydrotherapy	
Signature:	Date:
Practice Stamp:	