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Veterinary Consent for Hydrotherapy

Owner details:

Name:

Address:

Postcode:

Contact tel. no.:

Email address:

Dog details:

Name:

Breed:

Insured:

Yes/No

Date of Birth:

Sex:

Insurance company:

Veterinary Details (This section MUST be completed and signed by the dog's Vet):

Veterinary Surgeon Practice:

Address:

Telephone no.:

Email address:

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

If the dog is on medication, please provide details:

PLEASE SEND A COPY OF THE DOG'S MEDICAL HISTORY WHEN SUBMITTING THIS FORM

In your opinion, is the dog detailed above in a suitable condition to undergo hydrotherapy treatment?: Yes/No (please delete as applicable)

Veterinarian Signature:

Date: