



CLIENT REGISTRATION FORM

Cotswold Canine Hydrotherapy Centre Ltd, Unit 5 Dovecot Workshops,
Barnsley Park, Cirencester, Glos. GL7 5EG

Tel/Fax: 01285 740007 Email: cotswoldcanine@btconnect.com



OWNER'S DETAILS

Name
Address
..... Postcode
Telephone No Mobile No
Email Address

DOG'S DETAILS

Name Sex Neutered Y/N
Breed Date of Birth Insured Y/N
Colour Vac. Expiry Date

VETERINARY DETAILS

(This section MUST be completed and signed by the dog's Veterinary Surgeon)

Veterinary Surgeon Practice
Address
..... Postcode
Tel No Fax No

Summary of the dog's injury/condition, areas of caution, comments etc.

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.....

Is the dog on medication, if so what?

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.....

IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH
TO UNDERGO HYDROTHERAPY TREATMENT YES/NO* (please delete as applicable)

Signature Date

I/WE DECLARE THAT I/WE ARE THE LEGAL OWNER(S) OF THE DOG NAMED ABOVE
AND THAT THE INFORMATION SHOWN ON THIS FORM IS CORRECT.
FURTHER I/WE HAVE READ AND FULLY ACCEPT THE TERMS & CONDITIONS PRINTED OVERLEAF.

Signature(s) Date