

Veterinary Surgeon \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No \_\_\_\_\_

Fax \_\_\_\_\_

## CLIENT DETAILS

Client's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No \_\_\_\_\_

Patient's Name \_\_\_\_\_

## MEDICAL CONDITION

Detail of Medical Condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of Medication \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instruction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONSENT

I confirm consent for the above dog to attend Leigh K9 Hydrotherapy for hydrotherapy treatment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_