

## Client Registration Form

### Owner Details

office use only – client no

Name:	Client Number:
Address:	
	Postcode:
Telephone:	
E-mail:	

### Dogs Details

Name:	Vaccinated: Y /N
Breed:	Vac. Exp date:
Sex:	Insured: Y / N
Colour:	Ins Company:
Date of Birth:	Policy No:

### Veterinary Details

Practice:	Vets Name:
Address:	
	Postcode:
Telephone:	
E-mail:	
Summary of Dogs Condition: (injury/condition)(areas of caution)	
Is the dog on medication: Y / N if so please advise	
In your opinion is the dog named above in a suitable state of health to undergo hydrotherapy Yes / No * (delete as appropriate)	
Vet Signature:	Date:
<p><b>Declaration</b></p> <p><b>You declare that you are the legal owner/s of the dog named above and that the information shown on this form is correct. Further you have read and fully accept the terms &amp; conditions found overleaf</b></p> <p><b>Owner Signature:</b> <span style="float: right;"><b>Date:</b></span></p>	