## **4 Paws Hydrotherapy Centre**

Unit C Ringwood Trading Estate, Castleman Way, Ringwood, BH24 3BA www.4pawshydrotherapycentre.co.uk
Email: info@4pawshydrotherapycentre.co.uk
Tel: (01425) 471759



Postal Code:

Tel:



Owner	Detai	ls:
	DCtai	

Name:

Address:

Thave received and fully accept the 'pre-swim information' document of treatment at 4 Paws Hydrotherapy Centre. I, as the legal owner of the dog accept full responsibility for divulging any facts that may be relevant of treatment, particularly in respect of any changes to the dog's health.    Read & agreed. Please Sign:			Home: Mobile: Email:			
Name:   Sex:   DOB:	Centre. I, as the legal owne treatment, particularly in re	r of the dog accept full re espect of any changes to	esponsibility for divul the dog's health.	ging any facts that may be re	levant during	
Name: Breed: Colour: Weight:  Weterinary Details: (This section MUST be completed and signed by the patient's veterinary surgeon.) Practice Name: Address: Telephone: Fax: Postal Code: Email:  Patients that swim for a fun and fitness purposes will not be given any rehabilitation exercises one the pool. Please state if there is any condition present that may be of concern to the hydrotherapis.  Details of any current Medication:  By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.	Read & agreed. Please Sign	:	Please Print Nam	e:	•••••	
Breed:  Colour:  Weight:  Weterinary Details: (This section MUST be completed and signed by the patient's veterinary surgeon.)  Practice Name:  Address:  Telephone: Fax:  Postal Code:  Email:  Patients that swim for a fun and fitness purposes will not be given any rehabilitation exercises one the pool. Please state if there is any condition present that may be of concern to the hydrotherapis.  Details of any current Medication:  By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.	Patient Details:					
Veterinary Details: (This section MUST be completed and signed by the patient's veterinary surgeon.)  Practice Name: Name of Vet:  Address: Telephone: Fax:  Postal Code: Email:  Patients that swim for a fun and fitness purposes will not be given any rehabilitation exercises one the pool. Please state if there is any condition present that may be of concern to the hydrotherapis.  Details of any current Medication:  By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.	Name:	Sex:		DOB:	DOB:	
Practice Name:  Address:  Telephone: Fax:  Postal Code:  Email:  Patients that swim for a fun and fitness purposes will not be given any rehabilitation exercises one the pool. Please state if there is any condition present that may be of concern to the hydrotherapis.  Details of any current Medication:  By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.	Breed:	Colour:		Weight:		
Address:  Postal Code:  Email:  Patients that swim for a fun and fitness purposes will not be given any rehabilitation exercises one the pool. Please state if there is any condition present that may be of concern to the hydrotherapis details of any current Medication:  By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.	surgeon.)	is section MUST be c	·	ned by the patient's vete	rinary	
Postal Code:  Email:  Patients that swim for a fun and fitness purposes will not be given any rehabilitation exercises one the pool. Please state if there is any condition present that may be of concern to the hydrotherapist depends of any current Medication:  By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.						
Postal Code:  Email:  Patients that swim for a fun and fitness purposes will not be given any rehabilitation exercises one the pool. Please state if there is any condition present that may be of concern to the hydrotherapis described by signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.	Address:		Telephone:			
Patients that swim for a fun and fitness purposes will not be given any rehabilitation exercises one the pool. Please state if there is any condition present that may be of concern to the hydrotherapism.  Details of any current Medication:  By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.			Fax:			
the pool. Please state if there is any condition present that may be of concern to the hydrotherapis.  Details of any current Medication:  By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.	Postal Code:		Email:	Email:		
By signing below, you are confirming that the patient stated above is in a suitable state of health to undergo a fun and fitness hydrotherapy session.		• •	_	=		
undergo a fun and fitness hydrotherapy session.	Details of any current Me	edication:				
		=		is in a suitable state of hea	alth to	
	•					
			I			