

**THIS PART IS TO BE COMPLETED BY THE CLIENT**

NAME (OWNER)			
ADDRESS / POSTCODE			
PHONE. NO.		MOBILE NO.	
E-MAIL ADDRESS			

**DOG'S DETAILS**

NAME		DATE OF BIRTH / AGE	
BREED		VACCINATED	
INSURANCE COMPANY		POLICY NO.	

**CLIENT DECLARATION & SIGNATURE**

I / We are the legal owner(s) of the Dog named above AND agree to allow Aqua paws Sheffield to contact my vet in relation to treatment.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**THIS PART IS TO BE COMPLETED BY THE VETERINARY SURGEON**

REASON FOR REFERRAL - PLEASE GIVE SPECIFIC DETAILS

DATE OF SURGERY, (IF APPLICABLE)

PLEASE LIST DETAILS OF THE PATIENTS CURRENT MEDICATIONS AND SUPPLEMENTS.

PAST MEDICAL HISTORY [Please email a copy of the medical history to info@aquapawssheffield.co.uk](mailto:info@aquapawssheffield.co.uk)

IS THE DOG NERVOUS / AGGRESSIVE?

PLEASE TICK THE APPROPRIATE OPTION      TREATMENT      FUN & FITNESS

IS THIS REFERRAL FOR PHYSIOTHERAPY      YES / NO

**VETERINARY SURGEON DECLARATION & SIGNATURE**

I confirm that the dog named above is in a suitable state of health to undergo hydrotherapy/physiotherapy treatment.

Print Name \_\_\_\_\_ (Veterinary Surgeon)      Practice Stamp

Signature(s) \_\_\_\_\_ (Veterinary Surgeon)

Date \_\_\_\_\_

Therapists take full responsibility for their work and will immediately refer the patient back to the referring Veterinary Surgeon should they see any signs of underlying injury, disease or pathology. Our therapists are governed by the IRVAP AND RAMP code of conduct which they fully observe. We will only process, use and store your personal data in accordance with the General Data Protection Regulation (2016). Please ensure that if you have provided us with the personal data of any other person, you have obtained their consent to pass this data to us. We will keep it secure and use it only in order to perform our obligations under this agreement.