

**Client registration and veterinary referral Form**

***(Please note section 3 and 4 are to be completed by the referring veterinary surgeon, all other sections to be completed by the owner)***

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| 1. **Owner’s Details** | |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |

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| 1. **Dog’s Details** | | | | | |
| **Name** |  | **Sex**  **Neutered** | **M / F**  **Yes / no** | **Insured?** | **No** |
| **Breed** |  | **DOB** |  | **Company** |  |
| **Colour** |  | **Vac. Exp date** |  | **Policy no.** |  |

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| **Does the dog suffer from any of the following?** | **Heart Disease** | **Respiratory Disease** | **Epilepsy** | **Diabetes Mellitus** |
| Yes/No | Yes/No | Yes/No | Yes/No |

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| 1. **Programme (Please Tick One)** | | | | | |
| **Rehabilitation** |  | **Fitness** |  | **Weight loss** |  |

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| 1. **Veterinary Details** | |
| **Veterinary Surgeon** |  |
| **Practice &** |  |
| **Address** |
| **Telephone** |  |

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| 1. **Summary of the dog’s injury / condition, areas of caution, surgical technique used and any other medical conditions (this must be completed by the referring veterinary surgeon)** | |
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| **Is the dog on medication, if so what?** |  |
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| 1. **In your opinion is the above named dog a suitable candidate for hydrotherapy**   (must be agreed by the referring veterinary surgeon)  **Signature and date** | **Yes / No** |

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| 1. **I declare that I am the legal owner of the above named dog and they are in suitable health to undergo hydrotherapy. I agree to abide by the terms and conditions of Healing Waters (overleaf)** |
| **Signature and date** |
| 1. **In accordance with General Data Protection Regulation (GDPR), I give permission for my personal details and my dogs details (named above ) to be shared between the referring Veterinary Surgeon/Practice and Healing Waters Canine Hydrotherapy** |
| **Signature and date** |

**TERMS AND CONDITIONS OF TREATMENT AT HEALING WATERS**

1**. Whilst every care is taken of the dogs undergoing treatment and in the maintenance of the water and equipment, all dogs receive hydrotherapy treatment entirely at their owner’s risk.**

**2. All treatment courses, including those to be part of an insurance claim, must be paid for in advance. Individual sessions must be paid for on the day of treatment.**

**3. Session fees will be charged AT 50% if an appointment is broken or cancelled without 24 hours notice.**

**4. Dogs cannot be treated without the prior consent of their veterinary surgeon.**

**5. Dogs who are suffering from vomiting and diarrhoea or an infectious condition cannot undertake hydrotherapy. This includes: ear, eye and skin infections. The cancellation policy still applies if at least 24 hours notice not given.**

**6. Female dogs in season cannot attend until the cycle has fully finished.**

**7. Proof of vaccination will be required prior to commencement of treatment. Dogs cannot be treated without up-to-date vaccination records.**

**8. Owners must notify the hydrotherapist if during a course of treatments, the dog’s injury or condition worsens, or if the veterinary surgeon advises that the treatment is to be stopped or suspended.**

**9. Healing Waters reserves the right to refuse treatment to any dog.**

**10. Owners are requested not to bring dogs other than those being treated to Healing Waters.**

**11.Owners are requested not to feed their dog for at least 3 hours before attending an appointment, and to ensure that the dog has been given opportunity to pass urine and faeces prior to visiting the centre. A surcharge of £25 will be made for dogs that defecate in the pool.**

**12. When not undergoing treatment all dogs must be kept under control and must be on a lead and suitably restrained.**

**13. It is the owner’s responsibility to clear away any faeces which their dog passes whilst on the premises and its surrounding environment, bags are available on request.**

**14. Healing Waters cannot be held responsible for any loss or damage to vehicles or personal property whilst on the premises.**

**16. Healing Waters is not a suitable environment for young children. In the interest of health and safety they must remain in the waiting room with an accompanying adult at all times.**