



FidoHydroFitness  
Under Water Treadmill Hydrotherapy and Fitness for All Dogs

## VETERINARY CONSENT FORM HYDROTHERAPY AND MASSAGE THERAPY

### Contact Details

Owners Name .....  
Owners Address ..... Post Code.....  
Telephone Number ..... Mobile Number .....  
Email Address .....

Dogs' Details: Name ..... Sex ..... If female spayed? Y/N Date of Birth / /  
Breed ..... Colour .....

### Veterinary Details – This Section MUST be Completed and Signed by the Dogs' Veterinary Surgeon

Consent for:           **Hydrotherapy**           **Y/N**           **Massage therapy**           **Y/N**  
Veterinary Surgeon ..... Practice .....  
Address .....  
..... Post Code .....  
Telephone ..... Email Address .....

Please give details of Medical Condition, Areas of Caution, Other Comments:  
.....  
.....

It would helpful if you could email me relevant case notes and copies of any x-rays.

Clinical History also attached Y/N

Medication: .....

Date of last vaccination / /

I have examined the above dog and in my opinion it is of suitable state of health to attend hydrotherapy sessions in an underwater treadmill.

Veterinary Surgeon Signature ..... Date / /

### Owners' Declaration

I/we declare that I/we am/are the legal owner(s) of the dog detailed above and that the information stated above is correct. I/we have read and fully accept the Terms and Conditions of going ahead with hydrotherapy.

Signed ..... Date / /

