

VETERINARY CONSENT FORM – HYDROTHERAPY

Please complete the veterinary section below and return to us at your earliest convenience.

Owner's Details	
Name:	
Address:	
Contact Number:	
Email:	

Pet's Details					
Name:		Sex:		Insurance:	Yes/No
Breed:		D.O.B:		Company:	
Colour:		Vaccination:		Policy No:	

The following section must be completed by your VET.

Veterinary Details	
Veterinary Practice:	
Address:	
Contact Number:	
Email:	
Veterinary Surgeon's Name:	
Summary of condition/injury and areas of caution:	
Current medications:	
In my opinion, the above animal is in a suitable state of health to receive hydrotherapy. Veterinary Professional Declaration:	Signature: Date:

I declare that I am the legal owner of the pet named above and that the information provided is correct. I have read and accepted the terms and conditions of Crossroads Hydrotherapy Centre LTD.

Owner's Signature:

Date:

*Crossroads Hydrotherapy Centre LTD
Buckingham Road,
Great Horwood,
Milton Keynes,
MK17 0RD*

*TEL: 01296 713812
Email: hydro@crossroadsresort.co.uk*