



**APPROVAL FOR FITNESS/WEIGHT LOSS
HYDROTHERAPY SESSIONS (NON THERAPEUTIC)**

OWNER'S DETAILS

NAME:

ADDRESS:

.....

..... POST CODE:

TELEPHONE HOME: WORK:

NUMBERS MOBILE:

EMAIL ADDRESS:

ANIMAL DETAILS

NAME: BREED: DOB:

SEX: COLOUR:

VETERINARY PRACTICE DETAILS

PRACTICE NAME:

ADDRESS:

.....

..... POST CODE:

TEL/FAX NO:

EMAIL ADDRESS:

DECLARATION

I, THE ABOVE OWNER/VETERINARY SURGEON AGREE THAT THIS DOG HAS NO UNDERLYING MEDICAL CONDITIONS THAT WOULD PREVENT IT UNDERGOING HYDROTHERAPY SESSIONS SAFELY

SIGNATURE:

PRINT: DATE:

**TREADING WATER AT PET PARAPHERNALIA
CHALLENGER HOUSE – RINGTAIL RD – BURSCOUGH IND EST
BURSCOUGH – LANCASHIRE – L40 8JY
TEL/FAX: 01704 894973 – www.petparaphernalia.co.uk**