



# HOUSE OF HOUND

For Fun & Fitness, Weight Management.  
Please fill out the form entirely.

Owner Full Name

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Phone Number

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Email

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Address

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Dog Full Name

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Breed

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Approximate Weight

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Spayed or Neutered?

- Yes
- No

Does your dog have any health concerns?

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History Attached

- Yes

Are you due to see this patient again?

- Yes they are booked in
- Yes, but the client needs to book in
- If they need to attend
- Not at present, unless something changes
- No
- Other:

Is this dog insured?

- Yes
- No
- Unsure

Insurance details

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I am confirming that

This form has been completed at the request of the owner (named above)

To the best of my knowledge, with the information I hold, there is no reason why the named dog may not partake in swimming and/or aqua treadmill at House of Hound. I am aware all staff are qualified canine hydrotherapists and/or veterinary physiotherapists (registered with NARCH/NAVP)

I, (the Veterinary Surgeon) will not be held responsible for any sessions taken place out of our practice and I am aware that House of Hound Hydrotherapy hold their own liability insurance (Policy no - ACE008344) and will only exercise any animal safely within their capacity.

Any concerns or presenting complaints relating to health or animal well-being will result in the owner being requested to liaise with their registered veterinary practice.

Vet Practice Address

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Practice Phone Number

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Practice Email

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Name of Signing Vet or Practice Member

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Post Nominals

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Signature

Date

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**House of Hound**

**01484 621906**

[www.houseofhoundhydrotherapy.co.uk](http://www.houseofhoundhydrotherapy.co.uk)

[office@houseofhoundhydrotherapy.co.uk](mailto:office@houseofhoundhydrotherapy.co.uk)



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