



House of Hound Hydrotherapy
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FUN/ FITNESS/ WEIGHT LOSS HYDROTHERAPY

This Client has requested a session, for safety and to comply with NARCH standards we require veterinary consent for all Hydrotherapy sessions

Owners Details:		
Name:	Telephone Number:	
Address:		
Email address:		
Patient Details:		
Name:	Breed:	
D.O.B:	Sex: MALE/ FEMALE	Insured: YES/NO
Insurance Details:		
I am requesting Fun/ Fitness or Weight loss Hydrotherapy for my Dog and have read all of the terms and conditions		
Signed _____	Print Name _____	Date _____
Veterinary Details: (To be completed by the patients veterinary surgeon)		
Practice Name:	Telephone Number:	
Practice Address:		
Email address:		
To the best of my knowledge there is no reason why this patient cannot partake in hydrotherapy delivered by a qualified NARCH Hydrotherapist for the purposes of Fun/ Fitness or Weight loss		
Signed: _____	Print Name: _____	Date: _____

Victoria Bowen, BA (Hons) Dip PS, RCH , Lead Hydrotherapist

