



AquaPaws Hydrotherapy in conjunction with
 Herriot Veterinary Physiotherapy
 Trudie Baker (MNAVP, RAMP)
 www.aquapawshydro.co.uk

Veterinary Consent Form

Owner Details

Name			
Address		Post Code	
Contact Number			
Email			

Vet Details

Referring Vet Surgeon			
Practice address		Post Code	
Contact Number			
Email			

Preferred method of contact:

Patient Details

Name		Species	
Breed		Colour	
Gender		Neutered (Y/N)	
DOB		Weight (kg)	
Vaccination status		Insured (Y/N)	

Health Information

General condition		BCS	
Temperament			
Reason for Referral			
Pre-existing medical conditions and allergies			
Current medication/s			
Additional Notes:			
<i>We also welcome you to send any resources which you believe</i>			

<i>will benefit the patients care, e.g., Radiographs.</i>	
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By completing and signing this form, I am confirming that this patient is under my veterinary care. I consider this animal suitable and hereby consent for them to undergo physiotherapy and hydrotherapy at AquaPaws Canine Hydrotherapy (Northallerton).

I understand that the animal may be referred back to myself should it be deemed appropriate.

Vet Signature:

Date:

The data provided on this form will be kept securely for a maximum of 10 years in line with current GDPR requirements. For more details on how we will manage this data please visit www.aquapawshydro.co.uk and www.herriotvetphysio.co.uk