

# CANINE THERAPIES: Hydrotherapy and Remedial Massage

103 Chain House Lane, Whitestake, Preston. Lancs Tel: 01772 335930

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

e-mail: [caninetherapies@btconnect.com](mailto:caninetherapies@btconnect.com)

## VETERINARY CONSENT FORM

The following treatments are available with qualified practitioners. Please tick those the dog may require.

Hydrotherapy     Remedial Massage     Magnetic pulse therapy     Physiotherapy

We require veterinary permission and relevant medical history for each dog attending Canine Therapies. If you would like to discuss a case in more detail we would welcome your call.

### Owner Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Tel: \_\_\_\_\_ Insured? Y/N Company: \_\_\_\_\_

### Animal Details

Name \_\_\_\_\_

Breed \_\_\_\_\_

Colour \_\_\_\_\_ Male / Female

D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### VETERINARY DETAILS (This section must be completed by the dog's veterinary surgeon)

Practice Address \_\_\_\_\_

Tel: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

Desired outcomes \_\_\_\_\_

Practice Stamp
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Date injury / illness first reported: \_\_\_\_\_ Date of surgery if applicable \_\_\_\_\_

Current medications: \_\_\_\_\_

### Health check: please comment on the following:

Heart: \_\_\_\_\_ Respiratory function: \_\_\_\_\_

Ears: \_\_\_\_\_ Skin (wet eczema, ringworm etc) \_\_\_\_\_

Overall fitness inc. weight issues: \_\_\_\_\_

Any further comments please continue overleaf.

I give permission for this dog to receive the treatment(s) indicated at the top of this form and consider it to be in a suitable state of health to undergo this treatment.

Signed \_\_\_\_\_ (Veterinary Surgeon) Date \_\_\_\_\_

PRINT NAME OF VET .....

## TERMS & CONDITIONS

1. Animals will not be treated without the prior authorisation of their Veterinary Surgeon.
2. Animals with infectious or contagious diseases will not be treated.
3. Owners are required to notify the therapist if, during treatment, the injury or condition worsens, or if the Veterinary Surgeon advises that the treatment should be stopped or suspended.
4. The therapist reserves the right to refuse treatment to any animal.
5. Owners are requested to provide adequate restraining equipment and to be present throughout the animal's treatment sessions.
6. Canine Therapies reserves the right to use videos and photographs taken during treatment sessions.
7. Canine Therapies does not take any responsibility whatsoever for any accident/injury sustained either by its therapist or by the animal's handler. Whilst every care is taken of the animal undergoing treatment, it is done so entirely at their owner's risk.
8. Canine Therapies cannot be held responsible for any loss or damage to vehicles or personal property, howsoever occasioned, whilst on Teazledown premises.
9. Canine Therapies will not pass on any information to any third party, apart from the client's own Veterinary Surgeon; all information will be maintained in accordance with the Data Protection Act.
10. Owners are requested to keep noise levels to a minimum, and respect the privacy of our neighbours.

Please sign to indicate you have read and understood these terms and conditions, and agree to abide by them.

Owner ..... Date .....