



[www.completelyk9.co.uk](http://www.completelyk9.co.uk)  
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Canvey Island SS8 0PQ  
01268 514 996

To \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

Date \_\_\_\_\_

We have been contacted by one of your clients requesting an appointment for  
**Hydrotherapy / Fitness Swim / Physiotherapy / Massage**

We require veterinary permission and, where necessary, a medical history of the dog before it can attend Completely K9.

If you would like to discuss the case in more detail please contact us on 01268 514 996.

**Owner Details**

Name \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Mailing List Y/N

Dogs name \_\_\_\_\_ Breed \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_\_ Last Vaccinations \_\_\_\_\_

**Veterinary Details**

Summary of dogs injury / condition/ medication / areas of caution / comments/ etc

Please be as specific as possible & include dates & surgery/treatment given.



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe the dog named above to be suitable for **hydrotherapy / fitness swim / physiotherapy / massage**

Veterinary Surgeon (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return by fax to 01268 696624**