|  |  |
| --- | --- |
| ***Millie’s Paws Hydrotherapy Centre & Grooming Studio***  ***The Midlands School of Dog Grooming***  Camp Farm  Bedworth Road  Bedworth  CV12 9JA  T: 07925 917949  E: [milliespawshydrotherapy@outlook.com](mailto:milliespawshydrotherapy@outlook.com)  W: www.milliespawsgroomingstudio.co.uk | Text  Description automatically generated |

VETERINARY CONSENT & REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Owner to complete section A & B** | | | | | **Veterinary practice to complete section C. This section must be completed & signed & returned to Millie’s Paws with the accompanying clinical notes** | | | | | | | | | | | |
| ***Section A*** |  | | | | | | | | | | | | | | | | |
| **Clients name** |  | | | | | | | | | | | | | | | | |
| **Clients address (including postcode)** |  | | | | | | | | | | | | | | | | |
| **Client contact number** |  | | | | | **Client email address** | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ***Section B*** |  | | | | | | | | | | | | | | | | |
| **Patients name** |  | | | | | **Breed** | | | |  | | | | | | | |
| **Date of birth** |  | | | | | **M/F** | | | |  | | | **Neutered/Spayed Y/N** | | |  | |
| **Weight** |  | | | | | **Temperament** | | | | |  | | | | | | |
| **Description of problem** |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ***Section C*** | **TO BE COMPLETED BY YOUR VETERINARY SURGEON & FORWARDED TO MILLIE’S PAWS**  **ALONG WITH CLINICAL NOTES** | | | | | | | | | | | | | | | | |
| **Veterinary surgeons name** | | |  | | | | | | | | | | | | | | |
| **Practice address**  **(including postcode)** | | |  | | | | | | | | | | | | | | |
| **Practice telephone number** | | |  | | | | | **Practice email address** | | | | | |  | | | |
| **Summary of condition** | | |  | | | | | | | | | | | | | | |
| **Current medication** | | |  | | | | | | | | | | | | | | |
| **Areas of concern** | | |  | | | | | | | | | | | | | | |
| **In your opinion is the above-named patient in a suitable condition for hydrotherapy/fitness swims?** | | | | | | | **Y/N** | |  | | | | | | | | |
| **Veterinary surgeon name** | |  | | | | | | | | | | | | | | | |
| **Veterinary surgeon signature** | | | |  | | | | | | | | **Date** | | |  | | |