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| --- | --- |
| ***Millie’s Paws Hydrotherapy Centre & Grooming Studio******The Midlands School of Dog Grooming***Camp FarmBedworth RoadBedworthCV12 9JAT: 07925 917949E: milliespawshydrotherapy@outlook.comW: 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** |  |