

# HOMELY PETZ

Your client, listed below, would like their dog to attend hydrotherapy sessions. Please complete the veterinary section and return as soon as possible.

<b>Owners' Details</b>	
Name:	
Address:	
Contact Number:	
Email Address:	

<b>Pet's Details:</b>			
Name:		Sex:	
Breed:		Date of Birth:	
Colour:		Vaccination:	Yes / No

Veterinary details, these must be completed, signed and stamped by your veterinary surgeon.

Veterinary Practice:	
Address:	
Contact Number:	
Name of Veterinary Surgeon:	

Summary of injury/condition/comments:

Please continue overleaf if required/..

In your opinion is the dog named above is in a suitable state of health to undergo hydrotherapy treatment? YES/NO

Signature of Vet: \_\_\_\_\_ Date: \_\_\_\_\_ Stamp:

I declare that I am the legal owner of the dog named above and that all information given above is correct.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

*Amanda Anderson is a British Certified Canine Hydrotherapist  
(Diploma in ABC Awards Level 4 Diploma in Small Pet Hydrotherapy)*

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