

INSTRUCTIONS FOR COMPLETION:
INSTRUCTIONS FOR RETURN:

OWNER TO COMPLETE SECTION A & B | VET TO COMPLETE SECTION C & D
EMAIL, POST OR HAND DELIVER TO THE CANINE FITNESS CENTRE

SECTION A | CLIENT DETAILS

FULL NAME:

EMAIL:

MOBILE NUMBER:

LANDLINE:

ADDRESS:

DECLARATIONS:

I CERTIFY THAT I AM THE LEGAL OWNER OF THE BELOW NAMED ANIMAL AND CONSENT FOR THE TREATMENT OF THIS ANIMAL BY PHYSIO & HYDRO THERAPIES

I AGREE TO THE TERMS SET OUT AT WWW.THECANINEFITNESSCENTRE.CO.UK

I AGREE THAT MY DATA MAY BE SHARED AMONGST THE ORGANISATIONS BASED AT THE CANINE FITNESS CENTRE TO FACILITATE SERVICE & PRODUCT ADMINISTRATION

SECTION B | ANIMAL DETAILS

NAME: SEX: MALE FEMALE NEUTERED

DATE OF BIRTH: BREED:

SECTION C | CLINICAL HISTORY & VETERINARY INSTRUCTION

CLINICAL HISTORY:

Please detail any relevant clinical history or attach records

SPECIFIC VETERINARY INSTRUCTIONS:

Please specify any treatment restrictions or instructions

SECTION D | TREATMENT DELEGATION

I AM DELEGATING THE TREATMENT OF THIS ANIMAL TO AN APPROPRIATELY QUALIFIED, COMPETENT AND INSURED MUSCULOSKELETAL THERAPIST IN LINE WITH THE REQUIREMENTS OF THE VETERINARY SURGEONS (EXEMPTIONS) ORDER 2015.

Vet Signature:

Practice Stamp:

Name:

Date:

THE CANINE FITNESS & REHABILITATION CENTRE

GREENFORD FARM, STONER HILL ROAD, FROXFIELD, HAMPSHIRE, GU32 1DY

CALL: (+44) 02392 16 22 23

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RCVS

Registered Premises 7437235

ACCREDITED MEMBERS OF:



ACCREDITED TEACHING PARTNERS FOR:



The University of
Nottingham



ANIMAL COURSES
DIRECT