



**ANIMAL
REHABILITATION
CENTRE**

Sensitive to your pet's wellbeing

Integrating Hydrotherapy, Physiotherapy, Aquatherapy and Dog Behaviour

Please complete *Sections i)* passing this form to your Veterinary Surgeon, requesting that *Section ii)* be completed by them and forwarded to ARC by email, or the owner to bring with them to the Centre on their first appointment.

Section i) – Owners Details (Please read our Terms & Conditions before signing declaration below)

Name of Dog	Owner Name	
Address:		
Tele No		
VETERINARY DETAILS		
Surgeon	Practice	
Fax No:	Email	
PATIENT DETAILS		
Breed:	Sex	Age/DofB:
Insurance Co		

Section ii) Brief medical history to include summary of dogs' injury/condition, areas of caution. Respiratory or Cardiovascular system cautions or contraindications: Comments etc. (Please returned full medical history where required).

Weight	Vaccination Expiry Date
Current Medication	
IN YOUR OPINION, IS THE DOG NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO AQUA/HYDRO/PHYSIOTHERAPY TREATMENT	YES/NO
Name of vet.....Signature.....MRCVS. Date	

I/we confirm that I/We am/are the legal owners of the dog named above and that the information shown on this form is correct. Further I/we have read and fully accept the ARC Terms & Conditions.

Owners Signature.....



Phone: 01920 438 030
or visit our website: AnimalRehabCentre.org
ARC Animal Rehabilitation Centre

