



**ANIMAL  
REHABILITATION  
CENTRE**

*Sensitive to your pet's wellbeing*

Integrating Hydrotherapy, Physiotherapy, Aquatherapy and Dog Behaviour

**CLIENT REGISTRATION & REFERRAL FORM**

**DATE**

Please complete **Sections i)** passing this form to your Veterinary Surgeon, requesting that **Section ii)** be completed by them and emailed to [enquiries@AnimalRehabCentre.org](mailto:enquiries@AnimalRehabCentre.org) or alternatively the owner to bring 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](http://AnimalRehabCentre.org)  
 ARCAnimalRehabilitationCentre

