Client Registration Form

Unit 2 WBP, Tower Lane, Warmley, Bristol BS30 8XT
Tel/Txt: 07917 733850
Email: info@bristolchc.co.uk Website: www.bristolchc.co.uk

OWNERS DETAILS	Name	
	Address	
		Postcode
Home Phone		Mobile Phone
	Email	
DOGS DETAILS	Name	Dog / Bitch Neutered Y/N
	Breed	Date of Birth
	Colour	Vaccination Expiry Date
	Is dog insured?	Yes ☐ No ☐
	Insurance Company	
	Policy Number	
VETERINARY	Veterinary Surgeon	
DETAILS	Practice	
(this section must be	Address	
completed and signed	Telephone No.	
by the veterinary surgeon)		
Summary of the dog's injury/condition, areas of concern, comments etc		
Is the dog on medication – if so what?		
Temperament / other information		
In your opinion, is the dog named above in a suitable state of health to undergo hydrotherapy treatment YES ☐ NO ☐		
Vet's Signature:		Print Name:
Date: / /	Please email to info@bristolchc.co.uk along with current history	