

THE SPLASH
AT MID WALES DOG TRAINING.
CANINE HYDROTHERAPY & FITNESS

REFERRAL FORM

Clients name:
Address:

Ins. Claim: yes/no.

Tel.No:

e mail:

Name, age, sex & breed of dog:

Details of injury or disability:

Name of Veterinary surgeon:

Practice name and address:

Any relevant medical history and advised regime:

Signed:

DECLARATION: I agree to indemnify and hold harmless Mid Wales Dog Training (inc. The Splash - Hydrotherapy and Fitness) its employees, owners and agents from any and all claims by any member of my family or other person accompanying me to any session or function as a result of any action by any dog including my own. Furthermore I declare that it is my decision that my dog is in a fit state to receive Hydrotherapy and /or training regardless of whether a referral is countersigned by a Veterinary Surgeon.

Signed by owner:

Date @ first swim: