

Client Treatment Form- Pool

Owner's Name		Client No:	
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Dogs' Name		Sex	
Breed		Age	
Colour			

Summary Of Condition:
Hydrotherapy plan/aims/application
Harness/Flotation Jacket:

Date:	Spa	Entry	Duration	Pre Jets	Jets@	Post Jets
Time:	Y/N	Ramp/hoist/manual				
Session No.						
Lameness Scores:						
Muscle Bulk Measurements:						
Static Assessment/palpation/progression/observations						

Date:	Spa	Entry	Duration	Pre Jets	Jets@	Post Jets
Time:	Y/N	Ramp/hoist/manual				
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Lameness Scores:						
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