

# Client Treatment Form- Treadmill

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:

<b>Date:</b>	<b>Spa</b>	<b>Water Height</b>	<b>Duration</b>	<b>Speed</b>
<b>Time:</b>	Y/N			
<b>Session No.</b>				
<b>Harness/Additional aids</b>				
<b>Additional Comments:</b>				
<b>Lameness Scores:</b>				
<b>Muscle Bulk Measurements:</b>				
<b>Static Assessment/palpation/progression/observations</b>				

<b>Date:</b>	<b>Spa</b>	<b>Water Height</b>	<b>Duration</b>	<b>Speed</b>
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