

Practical training record

Student/trainee name _____

Date _____



Name (exclude surname)	Breed	Age	Reason for hydrotherapy	Handling/medical cautions	Description of hydrotherapy treatment (type, methods, active and rest times)

Training centre _____

I confirm that the above named student/trainee has completed the practical hydrotherapy sessions recorded on this form

Signed _____ Print name and qualifications _____

