



INTERIM MEMBERSHIP APPLICATION

CHA Memberships: Eastview, Nasty, Ware, SG11 1HP

Enquiry line: 07050 265971 Membership line: 07050 265972

Email: enquiries@k9hydrotherapy.co.uk Website: www.K9hydrotherapy.co.uk

BUSINESS DETAILS		
Name of Business		
Name of Owners		
Pool Address		
Correspondence Address (if different)		
Telephone & Fax Nos.	Tel:	Fax:
Email & Web addresses	Email:	Website:
Hydrotherapy Start Date		
Name of Operatives		

POOL DETAILS			
Pool Description			
		Make:	Model:
Dimensions: L x W x D			
Ramp Entry	Yes / No		
Hoist Available:	Yes / No	Make:	Model:
Lifting Harnesses Used:	Yes / No	Make:	Model:
Floation Devices Used:	Yes / No	Make:	Model:

WATER QUALITY & MANAGEMENT			
	Pool	Spa	Treadmill
Sanitiser Type			
Dosing Method			
Water Temperature			
Measurement Method	Type:	Make:	Model:

OTHER EQUIPMENT DETAILS			
Hydro Spa	Yes / No	Make:	Model:
Water Treadmill	Yes / No	Make:	Model:

ELECTRICAL			
NIC Certificate	No.	Issue Date:	Expiry Date:
Issuing Electrician & Tel. No.			

INSURANCE DETAILS			
Type of Cover & Insurer			
Policy No(s)			
Brokers Name & Tel. No.			

IF YOU DO NOT YET HAVE A POOL INSTALLED, OR IT IS STILL TO BE COMMISSIONED, BUT STILL WISH TO BECOME A MEMBER, PLEASE COMPLETE THIS FORM AS FAR AS POSSIBLE & ADVISE US WHEN YOUR POOL IS COMPLETED. THANK YOU

Veterinary Liaison

Please enclose a copy of your veterinary liaison form, used to record the history of your owners' dogs. This standard form been signed for each animal to be swum:

Treatment Records

Please enclose a copy of your treatment record form, used to record the history of treatment of your owners' dogs, where regular treatment is to be given.

Water Quality & Management

Please enclose a copy of your water quality and management form used to regularly record the levels of chemicals and sanitization.

Emergency Procedures

Please enclose a copy of your formalised procedure, should an incident occur, to include a copy of your Incident Form, unless this should be contained in the copy of your standard treatment record form.

Please provide contact name and telephone number of the Veterinary Surgeon at the Surgery providing support at your centre.

Training

Please provide a copy certificate or other documentation, confirming the most recent CHA approved First Aid Course attended.

Inspection & Certification

The Canine Hydrotherapy Association reserves the right to require inspection of all its member pools, at any reasonable time.

Membership approval will be issued without the pre-requirement of inspection at the discretion of the CHA.

By signing this form, you will be confirming that you have read and understood the most recent copies of the Associations Code of Practice and Quality Standards documents, agreeing to accept & abide by and to implement and maintain the content of these documents at all times. This form must be signed by the owner(s) of the Pool named above.

I/we are desirous to become a member of the Canine Hydrotherapy Association and request you to enter my/our name in the Register of Members accordingly, subject to the Memorandum and Articles of Association.. I/we further understand that voting rights are only conferred upon Full Members (not Interim, Associated or International Members) of the Association and should membership cease, then the CHA Logo and any reference to membership of the CHA must be removed from all advertising and marketing material..

Signed: _____ date: _____

Signed: _____ date: _____

Please return signed form and membership fees, (Cheques payable to the Canine Hydrotherapy Association) to:
The Membership Secretary, CHA, Eastview, Nasty, Ware, SG11 1HP.