



"Helping your dog paddle their way to fitness"

**Veterinary Information/ Clearance Form**

Date: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Diagnosis, pertinent history and conditions associated with this dog (provide details):

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Surgery type: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Surgery type: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

When did you last see this dog? \_\_\_\_\_

Is this dog on any medications or supplements, if so, please list:

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Are there any precautions and or contraindications for aquatics or massage?

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Veterinarian's name: \_\_\_\_\_

Veterinarian's signature: \_\_\_\_\_

Hospital/ Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ email: \_\_\_\_\_

[dogpaddlek9aquatics@gmail.com](mailto:dogpaddlek9aquatics@gmail.com)

[www.dogpaddlek9aquatics.com](http://www.dogpaddlek9aquatics.com)