



"Helping your dog paddle to fitness"

Veterinary Information/ Clearance Form

Date: _____

Guardian's Name: _____

Pets Name: _____ Breed: _____ Age: _____ Sex: _____

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

Surgery type: _____ Date of Surgery: _____

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When did you last see this dog? _____

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

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

Veterinarian's name: _____

Veterinarian's signature: _____

Hospital/ Clinic: _____

Phone #: _____ Fax #: _____ email: _____