



Veterinarian Approval

Dog's Name: _____ **Breed:** _____ **Wt:** _____ **D.O.B.** _____ **M / F**

Client's Name: _____

Client's Address: _____

City: _____ **State:** _____ **Zip:** _____

Client's Phone: _____

Client's Email: _____

Veterinary Hospital: _____ **Phone:** _____

Veterinarian only

Please describe any medical conditions or handling issues we should be aware of when swimming this dog:

In my opinion, assisted warm water swimming is appropriate for this dog, and would not pose a health risk.

Veterinarian Name: _____

Veterinarian Signature: _____ **Date:** _____

THANK YOU

Please FAX this form to: (877) 276-1824

OR

EMAIL to: *cm@thepuddleaquafitness.com*

The Puddle - Pet Aquafitness & Nutrition • 1948 Gyorr Ave • South Elgin, IL 60177 • (630) 883-0700