



Veterinarian Approval

Office Use Only _____
Faxed: _____
Called: _____
Appt. _____

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: (630) 206-1092

OR

EMAIL to: cm@thepuddleaquafitness.com