



CANINE SWIM VETERINARY CONSENT FORM

This part is to be filled out by the client.

Clients details

NAME:			
ADDRESS/POST CODE:			
PHONE NO:			
MOBILE NO:			
EMAIL ADDRESS			

Patients details

NAME:			
BREED:			
VACCINATED:			
AGE/DOB:			
MALE/FEMALE			
INSURANCE COMPANY			
POLICY NO:			

I wish for my dog to be able to swim at Snazzy Swimmers for:

Puppy swims	
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Well-being swims	
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Swim with my dog	
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Goldien oldie (warm warter immersion/gentle swim/massage)	
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Weight control	
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I hereby certify that the above-named animal has no underlying conditions that would deem it unsuitable for hydrotherapy sessions.

PRACTICE DETAILS:

DATE	
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Puppy swims	
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Weight control	
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I hereby certify that I have examined the above-named animal at rest on the date below.
I can find no reason why it should not undertake moderate exercise but have not been able to evaluate its capacity for swimming.

<u>PRACTICE DETAILS:</u>	
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DATE	
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