



## Veterinarian Consent Form

<b>VETERINARIAN/VETERINARY CLINIC:</b>			
<b>ADDRESS:</b>			
<b>PH #:</b>	<b>FAX:</b>	<b>EMAIL:</b>	
<b>DOG OWNER:</b>		<b>OWNER PH #:</b>	
<b>DOG NAME:</b>		<b>BREED:</b>	<b>AGE:</b>
<b>WEIGHT:</b>	<b>SEX:</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<b>SPAY/NEUTER:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
NOTE: Swimming is contraindicated for certain medical conditions including but not limited to congestive heart failure, epilepsy (if one or more seizures have occurred within 15 days or less prior to swimming), & circulatory problems affecting blood supply to peripheral areas.			
<b>VACCINATIONS CURRENT:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>CANINE INFLUENZA?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>HAS THIS DOG EVER SHOWN AGGRESSION TOWARDS OTHER ANIMALS or HUMANS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>VETERINARY CONSENT FOR SWIMMING:</b>			
In your opinion, is the dog named above in a suitable state of health to undergo warm water swim conditioning?			
The K9 Client, _____, has been deemed physically able to participate in an individualized warm-water swim conditioning program at <u>The Water Bark, Canine Aquatic Center, Oklahoma City, OK.</u>			
<b>SUMMARY OF THE DOGS INJURY/CONDITION: DX, areas of caution, background, comments etc.</b>			
Please indicate the frequency you prefer for the canine to have swim sessions: (Weight Loss clients-prefer to swim 1-3x/week)			
FREQUENCY: _____ A Week by _____ Weeks			
DVM: (please print)			
<b>DVM Signature:</b>			
<b>Date:</b>			