



canine aquatic fitness

VETERINARIAN ASSESSMENT

Dog's Name: _____ Breed: _____ Wt: _____

D.O.B. ____ / ____ / ____

Client's Name: _____

Client's Address: _____

City: _____ State: _____ Zip: _____

Client's Phone: (____) _____

Client's Email: _____

TO THE VETERINARIAN

Are there any health conditions that would make indoor swimming or warm water soaking contraindicated for this dog? YES _____ NO _____

Please list any **activity restrictions** or **special instructions** for this dog: (owing to past injury or surgery, current medical conditions, special handling instructions)

Is this dog up-to-date on its Rabies Vaccine? YES _____ NO _____

Veterinarian Name (print): _____

Veterinarian Signature: _____ Date: _____

Veterinarian Phone Number: _____

THANK YOU

Please FAX this form to: (207) 230-8454

OR

EMAIL to: info@waterbarkwellness.com

• Water Bark Wellness, 4 Commercial Street, Rockport ME 04856, phone: (207) 230-8455