HIP DOG CANINE HYDROTHERAPY & FITNESS

VETERINARY CLEARANCE FOR SWIMMING

VETERINARIAN/VETERINARY CLINIC:

ADDRESS:

PH #:	**FAX:**	**EMAIL:**

DOG PARENT:

K9 CLIENT:	BREED:	AGE:	WGT:
	SEX:	SPAY/NEUTER ☐ YES ☐ NO	

HYDROTHERAPY REQUESTED FOR:

CURRENT MEDICATIONS:

ALLERGIES: (please list all known allergies as presented by the K9 Client)

FOOD:

ENVIRONMENTAL:

In order to provide the safest swim environment, please indicate if the K9 Client has experienced or is currently diagnosed with any of the following:

MEDICAL CONDITIONS:

NOTE: ***Hydrotherapy 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 hydrotherapy), & circulatory problems affecting blood supply to peripheral areas.***

☐ Congestive Heart Failure	☐ Epilepsy /Seizure Activity
☐ MRSA ☐ Open Wounds	☐ Cushing's ☐ Addison's
☐ Less than 14 days Post-Operative	☐ Vestibular Syndrome
☐ Elongated Soft Palate	☐ Chronic Incontinence and/or diarrhea
☐ Infectious Disease (Parvo, Influenza, Mange, etc)	☐ Respiratory Dysfunction i.e. Laryngeal paralysis, etc
☐ Chronic Ear Infection	☐ Chronic Eye Infection

☐ Other:

VACCINATIONS CURRENT ☐ YES ☐ NO	CANINE INFLUENZA ☐YES ☐ NO

HAS THIS DOG EVER SHOWN AGGRESSION TOWARDS OTHER ANIMALS or HUMANS? ☐YES ☐ NO

VETERINARY CONSENT FOR SWIMMING:

The K9 Client, ____, has been deemed physically able to participate in an individualized warm-water swim therapy program at Hip Dog Canine Hydrotherapy & Fitness, Winter Park, FL.

DVM: (please print)		Date:

DVM Signature:

Please indicate the frequency & type of delivery preferred for hydrotherapy client updates:

FREQUENCY: Each Session ☐ Weekly ☐ Monthly ☐ DELIVERY: Email ☐ Fax ☐

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