

PAWS AQUATICS CANINE SWIM CENTER
Milwaukie, OR 97222
Phone 971-244-2227
Fax 503-305-6418

VETERINARIAN CONSENT FORM

If required, please have your veterinarian complete this form and either fax it back to us or bring it with you to your first appointment. If you would prefer to have us contact your veterinarian on your behalf we will be happy to assist.

Last Name _____ First Name _____

Dog's Name _____ Breed _____ Age _____

Current medical condition(s) in which swimming may be beneficial _____

Date of Surgery (if applies) _____

Any specific restrictions or recommendations? _____

I acknowledge that aquatic exercise (swimming) is a cardiovascular exercise and at this time, that swimming is appropriate for this animal.

Veterinarian (please print) _____

Veterinarian's Signature _____

Veterinary Hospital _____

Date _____