PAWS AQUATICS CANINE SWIM CENTER
12897 SE Vernie Ave
Milwaukie, OR 97222
Phone 971-244-2227 Fax 503-305-6418

VETERINARIAN CONSENT FORM

Last Name_____First Name_____

Dog's Name_____Breed_____Age_____

Current medical condition(s) in which swimming and/or Underwater Treadmill 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_____