



Section TWO-Veterinary Consent:
Veterinary Details: Surgery: Address:
Contact Number: Vet Name:
Dogs name: Breed: Colour: Sex: Neuter Status: D.O.B:
Summary of dogs medical history, areas of caution, comments.
IN YOUR PREOFESSIONAL OPINION IS THE ANIMAL NAMED ABOVE IN A SUITABLE STATE OF HEALTH TO UNDERGO A FUN SWIM SESSION FOR FUN AND FITNESS ONLY? YES/NO
Vets Signature and Date: