



# Veterinary Release Form

<b>Owners Name:</b>	<b>Phone:</b>
<b>Email:</b>	
<b>Address:</b>	
<b>Pet Insurance: Y/N</b> <b>Provider:</b>	
<b>Dog's Name:</b>	<b>Date of Birth:</b>
<b>Dog's Breed:</b>	<b>Sex:</b>
<b>Color:</b>	<b>Spay/Neutered:</b>
<b>Up to date on vaccinations? Y/N</b>	<b>Allergies: Y/N</b> <b>Details:</b>

<b>Veterinary Clinic:</b>	
<b>Veterinarian/Surgeon:</b>	
<b>Address:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Fax:</b>

Please provide diagnosis, pertinent medical history and conditions relative to the patient, such as surgery (procedure and date), allergies, behavioral issues:

Date last seen:

Please note the following precautions/contraindications: *cardiac and respiratory dysfunction, bleeding/hemorrhage, surface infections, incontinence/diarrhea, open/draining wounds & infections, epilepsy, hypothyroidism, diabetes. Indicate which may pertain to the patient:*

Medications(s):

Veterinarian's Name:

Email:

I hereby release \_\_\_\_\_ (dog's name) for hydrotherapy at HydroSpaw Canine Hydrotherapy & Wellness, located at 20356 29 Ave NW, Edmonton AB T6M0W4

Veterinarian's signature:

Date: