



K9 Aquatic Care Centre  
 15 Ontario Rd  
 Walkerton ON N0G 2V0  
 519-901-2858  
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## VETERINARIAN ASSESSMENT CONSENT FORM

**Dog's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Rescue:** \_\_\_\_\_

**D.O.B.** \_\_\_/\_\_\_/\_\_\_ **Weight:** \_\_\_\_\_ **lbs**

**Client's Name:** \_\_\_\_\_

**Client's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **P/C:** \_\_\_\_\_

**Client's Phone:** Cell (\_\_\_\_\_) \_\_\_\_\_ **Home**(\_\_\_\_\_) \_\_\_\_\_ **Client's**

**Email:** \_\_\_\_\_

### FOR THE VETERINARIAN ONLY

Our indoor, hydrotherapy pool is heated to 87-88 degrees. Are there any health conditions that would make indoor swimming, or floating, contraindicated along with activity restrictions or special instructions for this dog, including: past injuries, surgeries, current medical conditions, or special handling instructions? Yes \_\_\_ No \_\_\_

You may attach separate records if necessary.

**Date of last physical exam:** \_\_\_/\_\_\_/\_\_\_ **Resting HR:** \_\_\_ bpm **Cap Refill** \_\_\_ sec

**Respiration:** \_\_\_ bpm **Temperature:** \_\_\_\_\_

**Surgeries:** Yes \_\_\_ No \_\_\_ If so please list surgery and date's

\_\_\_\_\_  
 \_\_\_\_\_

**Injuries:** Yes \_\_\_ No \_\_\_ If so please list injuries, date's, treatment, recovery:

\_\_\_\_\_  
 \_\_\_\_\_

**Medical conditions:** Orthopedic \_\_\_ Neurological \_\_\_ Spinal Cardiovascular \_\_\_ Other \_\_\_

Does this dog have a bite history or aggressive tendencies when handled? Yes \_\_\_ No \_\_\_

**Veterinarian Name (print):** \_\_\_\_\_

**Veterinarian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Veterinarian Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

Please remit this form by EMAIL [k9care.walkerton@gmail.com](mailto:k9care.walkerton@gmail.com)