



K9 Aquatic Care Centre
15 Ontario Rd
Walkerton ON N0G 2V0
519-901-2858 k9care.walkerton@gmail.com



VETERINARIAN ASSESSMENT COGNIZANCE FORM

Dog's Name: _____ Breed: _____

D.O.B. ___/___/_____ Weight: _____ lbs

Client's Name: _____

Client's Address: _____

City: _____ Province: _____ Postal Code: _____

Client's Phone: Cell (_____) _____ Home (_____) _____

Client's Email: _____

FOR THE VETERINARIAN ONLY

Our indoor hydrotherapy pool is heated between 88-90 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: ___/___/_____

Surgeries: Yes___ No___ If so, please list surgery and dates

Injuries: Yes___ No___ If so, please list injuries, dates, 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 to
k9care.walkerton@gmail.com