



K9 Aquatic Care Centre  
15 Ontario Rd  
Walkerton ON N0G 2V0  
519-901-2858 [k9care.walkerton@gmail.com](mailto:k9care.walkerton@gmail.com)



## VETERINARIAN ASSESSMENT CONSENT 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](mailto:k9care.walkerton@gmail.com)