



**Canine Aquatic Center**  
**Veterinary Consent Form**

Please have your veterinarian complete this form and fax it back to us, or you may bring the completed form along with you to your first appointment.

Owner's Last Name \_\_\_\_\_ Owner's First Name \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Current medical condition(s) in which swimming may be beneficial: \_\_\_\_\_

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

Any specific restrictions or recommendations? \_\_\_\_\_

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

I acknowledge that aquatic exercise (swimming) is a form of cardiovascular exercise and that swimming is currently appropriate for this animal.

Veterinarian (please print) \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_

Veterinary Hospital \_\_\_\_\_

Date \_\_\_\_\_