



**VETERINARIAN ASSESSMENT  
RELEASE FORM**

**AQUAHEALING**  
CANINE HYDROTHERAPY AND FITNESS

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Client's Email: \_\_\_\_\_

**FOR THE VETERINARIAN ONLY**

Our indoor, salt water 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

Is this dog up-to-date on its Rabies Vaccine/Titer? Yes No

Date of last rabies vaccine/titer? \_\_\_\_/\_\_\_\_/\_\_\_\_

Does this dogs receive topical flea/tick preventative? Brand/Dose \_\_\_\_\_

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 **FAX (248-928-5079)** or **EMAIL [admin@aquahaalingk9.com](mailto:admin@aquahaalingk9.com)**