



MEYER'S TAILS UP FARM AQUATICS & HYDROTHERAPY

OWNER'S NAME:	PHONE:
DOG'S NAME:	AGE:
DOG'S BREED:	SEX:

WILL THIS DOG BE ATTENDING FOR: **RECREATION** (Complete Section 1) **HYDROTHERAPY** (Complete Section 1 & 2)

SECTION 1

Veterinarian's Name:		
Email:		
I certify the above animal in under my care and consent to swim sessions for this dog. Veterinarian's Signature:		Date:
Clinic:	Phone:	Fax:

SECTION 2

Please provide diagnosis, pertinent medical history and conditions relevant to this dog, such as surgery (procedure & date), allergies, behavioral issues:
Date last seen:
Please note the following precautions/contraindications: cardiac and respiratory dysfunction, bleeding/hemorrhage, surface infections, incontinence/diarrhea, open/draining wounds & incisions, epilepsy, hypothyroidism, diabetes. Please indicate which may pertain to this dog:
Medication(s):

We can send a report every 10 sessions with details of program and progress. We may contact you prior to the first session to discuss this dog's case in more detail.

Gwen Meyer, CCH (Certified Canine Hydrotherapist)
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