

Paws Aquatics Water Sports and Rehab

1800 NE 25th Ave, Suite 17

Hillsboro OR 97124

Phone – 503-640-5007

Fax – 503-640-4045

VETERINARIAN CONSENT FORM

Last Name _____ First Name _____

Dog's Name _____ Breed _____ Age _____

Current medical condition(s) in which swimming and/or underwater treadmill therapy may be beneficial. Please feel free to also send the pet's current medical records.

Date of Surgery (if applies) _____

Any specific restrictions or recommendations? _____

I acknowledge that aquatic exercise is a cardiovascular exercise and currently, swimming and/or underwater treadmill therapy is appropriate for this animal.

Veterinarian (please print) _____

Veterinarian's signature _____

Veterinary Hospital _____

Date _____