



**PAWS AQUATICS WATER SPORTS AND REHAB**

1800 NE 25<sup>th</sup> Ave.  
Hillsboro, OR 97124  
Phone 503-640-4007  
Fax 503-640-4045

**VETERINARIAN CONSENT FORM**

If required, please have your veterinarian complete this form and either fax it back to us or bring it with you to your first appointment. If you would prefer to have us contact your veterinarian on your behalf we will be happy to assist.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Current medical condition(s) in which swimming and/or underwater treadmill may be beneficial:

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

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

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

I acknowledge that aquatic exercise (swimming) is a cardiovascular exercise and at this time, that swimming is appropriate for this animal.

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

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

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

Date \_\_\_\_\_