

Veterinary Consent Form
Fax (847) 296-2013

Last Name _____ First Name _____

Address _____

City _____ Zip _____

Phone (home) _____ (cell) _____

Email _____

Pet's name _____

Date of last physical _____

Date of rabies vaccine _____

Date of DHLPP or titer _____

Medications: _____

Current medical condition requiring hydrotherapy

Veterinarian: _____ Phone: _____

The above animal has been found healthy for swim therapy at Splash Dog, Inc. Canine Hydrotherapy and Wellness.

Veterinary signature _____

Date _____