

 Christine Fraser, DVM

**VETERINARY CLEARANCE FOR HYDROTHERAPY:**

Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VETERINARIAN

Veterinarian/ Veterinary Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This client is interested in hydrotherapy for their dog- this will be an assisted swim under veterinary supervision and/or a session on the underwater treadmill. In order to ensure a safe swim environment, please indicate if the dog has been diagnosed with any of the following medical conditions or if you have any concerns that this dog is able to perform this activity.

NOTE: Hydrotherapy is contraindicated for certain medical conditions including cardiac and pulmonary diseases, skin infections or open wounds, and epilepsy. Please check off any of the following conditions apply to this patient:

Congestive Heart Failure \_\_\_\_\_\_\_\_\_\_\_ MRSA or skin infections: \_\_\_\_\_\_\_\_\_\_\_

Respiratory dysfunction/disease \_\_\_\_\_\_\_\_\_\_ Infectious disease: \_\_\_\_\_\_\_\_\_\_\_

Epilepsy \_\_\_\_\_\_\_\_\_\_\_ Current GI parasite infection \_\_\_\_\_\_\_\_\_\_\_

Chronic ear infections \_\_\_\_\_\_\_\_\_\_\_ Eye infection: \_\_\_\_\_\_\_\_\_\_\_

Less than 14 days post-op \_\_\_\_\_\_\_\_\_\_\_ Incontinence and/or diarrhea \_\_\_\_\_\_\_\_\_\_\_

Please further describe any medical issues of concern when swimming this dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you or your staff had any concerns when handling this dog? If so, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vaccinations:

 Is this dog current on vaccinations: Distemper/ Parvo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies \_\_\_\_\_\_\_\_\_\_\_

To the best of your knowledge, has this dog ever shown aggression to other dogs or to people ?\_\_\_\_\_\_\_

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Veterinary Clearance

 The canine client, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been deemed

physically able to participate in a warm water assisted hydrotherapy program operated by Chris

Fraser, DVM of All 4 Paws Wellness, at Bishop St in Portland, ME.

DVM name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DVM signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_