



Canine Swim Veterinary Consent

Clients Name:

Address:

Telephone number:

Email Address:

Dog's Name:

Age:

Sex:

Breed:

Neutered/Entire:

Vaccinations/Titer Tested

I wish for my dog to be able to swim at Aqua Canis for:

Puppy Swims []

Well-being Swims []

Swim with My Dog []

Golden Oldie (warm water
immersion/gentle swim/massage) []

Weight Control []

I hereby certify that I have examined the above-named animal at rest on the date below. I can find no reason why it should not undertake moderate exercise but have not been able to evaluate its capacity for swimming.

Practice details:

Date of examination: