



Fur Fix Aquatic Wellness Center

Veterinarian Approval Form

Owner's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Dog's Name _____ Breed _____ Sex _____ Age _____ Weight _____ S/N _____

Veterinary Hospital/Clinic _____ Phone _____

VETERINARIAN USE ONLY:

Is dog current on Rabies _____ Date _____ DHPP _____ Date _____ Bordetella _____ Date _____

Please describe any medical conditions or handling issues we should be aware of that may effect the dog while swimming _____

Dog is cleared to participate in warm water swim. Dog is free from any medical conditions that may interfere with warm water swim:

Yes _____ No _____

Print name of Veterinarian _____

Signature of Veterinarian _____ Date _____

Fur Fix Aquatics Wellness Center for Dogs

478-390-3801 * www.furfixga.com