



# 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 \_\_\_\_\_ DHPP \_\_\_\_\_ Bordetella \_\_\_\_\_?

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](http://www.furfixga.com)