



2285 Cornell Avenue, Montgomery, IL 60538 P-630-264-9840, F-630-264-9839

(Located inside Canine Physical Rehab)

**Client Name:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Email: \_\_\_\_\_ Dog's weight: \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Any medical conditions? \_\_\_\_\_

Has the dog ever swam before?: \_\_\_\_\_

**\*\* \_\_\_\_\_ Vet Clinic – Please Complete Remainder of This Form \_\_\_\_\_ \*\***

Does the dog have a history of cardiac disease:    Y    N

Is the dog currently being treated with chemotherapy:    Y    N

Is the dog current with Rabies vaccine?    Date: \_\_\_\_\_    1 yr    3 yr    (circle one)

Date and result of last fecal?    Date: \_\_\_\_\_    Result: \_\_\_\_\_

Are there any health conditions that would inhibit swimming?    Y    N    If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian Clinic: \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please fax this form to See Spot Swim @ 630-264-9839**

or email to [caninephysicalrehab@yahoo.com](mailto:caninephysicalrehab@yahoo.com)