



01367 252828

Veterinary Assessment and Referral form for
Suitability for Swimming

| <i>Vets Details</i> | |
|-------------------------------|--|
| Veterinary Practice Address: | |
| Referring Veterinary Surgeon: | |
| Email Address: | |
| Telephone | |

| <i>Owners Details</i> | |
|-----------------------|--|
| Owners Name: | |
| Owners Address: | |
| Email Address: | |
| Telephone | |

| <i>Dogs Details</i> | | | |
|-----------------------|--|--------------|--|
| Dog Name: | | Breed | |
| Weight: | | Vaccinated | |
| Date of Birth | | Heart Murmur | |
| Any areas of concern: | | | |

| <i>Relevant Case History</i> | |
|---|--|
| Give Details of any Conditions/injury/surgical procedure: | |
| Present Treatment including any medication | |
| Specific Requirements- aims and goals of swimming programme | |

| | |
|---|------|
| <i>(Veterinary Surgeon)</i> | |
| In My opinion the dog details above is in a suitable state of health to commence in a swimming programme. | |
| Veterinary Surgeon Signature | Date |

| | |
|--|------|
| <i>(Owner)</i> | |
| I/WE declare that I/WE AM/ARE the legal Owner(s) of the dog named above and that the information shown on this form is correct | |
| Owner 1 - Signature | Date |
| Owner 2 - Signature | Date |