



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