



VETERINARY ASSESSMENT

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|----------------------------------|--------|-------------------|
| Section A: Owner Details | | OWNER TO COMPLETE |
| Name: | | Date: |
| Address: | | |
| | | |
| Email: | Phone: | |
| Section B: Dog Details | | OWNER TO COMPLETE |
| Name: | Sex: | Age: |
| Date of most recent vaccination: | Breed: | Color: |

| | |
|--|---|
| Section C: Veterinary Details | FOR VETERINARY PRACTICE ONLY |
| In your opinion, is swimming and/or hydrotherapy appropriate for this dog? YES _____ NO _____ | |
| Veterinarian's Name: | |
| Date: | |
| Practice Name: | |
| Telephone: | Email: |
| Address / Practice Stamp: | Reason for sessions and relevant history: |
| | |
| Restrictions and/or special instructions: | |
| | |
| Signature: | Details of current medication: |
| | |

Please email completed form to pawsitiveflow@gmail.com

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