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Canine Swim Program Therapeutic and Conditioning Sessions

The following client has contacted us requesting to participate in canine swim program for:

Conditioning

**Therapeutic
Weight Loss**

Arthritis

**Post Surgery
Vet Recommendation**

Name:		Dog's Name:	
Address:		Breed:	
		Date of Birth:	
Email:		Sex:	
Telephone:			

We are providing therapeutic or post-op conditioning swim sessions per request from your veterinarian. We offer the canine swim sessions to clients who are interested in an alternative way to exercise their dogs for strength, fitness or for therapeutic reasons. The client must sign a waiver assuming all risk against any loss, damage or injury that may occur while using this service.

Are there medical conditions or other reasons that would limit or preclude this dog from conditioning during a canine swim session? YES NO

Any recommendations for special attention or signs of potential risk to watch for? _____

Veterinary Clinic Name: _____ Phone: _____

Veterinarian _____
Print Name Signature Date