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Fit to Swim Form

Required for use of underwater treadmill and/or hydrotherapy pool

Client first & last name: _____

Patient name: _____

Client contact phone number(s): () _____ () _____

Client email: _____

Species (circle): Dog / Cat Breed: _____ Age: _____

Sex (circle): Male / Female Neutered/Spayed OR Intact

Date of last Rabies vaccination (mm/dd/year): _____ Circle: 1 year / 3 year

Date of last DAP/DHPP vaccination (mm/dd/year): _____ Circle: 1 year / 3 year

Date of last Bordatella vaccination (mm/dd/year): _____

Does the pet have a history of any of the following health issues (circle YES or NO):

Heart murmur or other heart disease	YES	NO
Seizures and/or other neurological conditions	YES	NO
Orthopedic Conditions	YES	NO
Orthopedic surgery	YES	NO
Upper and/or lower respiratory disease or conditions	YES	NO
Fecal and/or urinary incontinence	YES	NO
Skin disease	YES	NO

Veterinarian Declaration

I, the undersigned veterinarian, declare that the above information of the described animal is accurate to the best of my knowledge and that the pet is of adequate health to undergo hydrotherapy utilizing the underwater treadmill and/or pool.

DVM Signature

Printed/typed name of DVM

Date

Clinic name: _____

Clinic email: _____

Clinic phone number: _____