



1613 Riverview Drive, Kalamazoo, MI 49004
Phone: 269-459-9393 Fax: 269-459-9394 Email: contact@thedogdive.com

Dog's Name _____

Owner's Name _____ Owner's Name _____

Please have your veterinarian fill out this form and fax or bring it to your first session.

Veterinary Approval Form

Vaccinations: Rabies Y Exp. Date _____ N Alternative used? _____
DHLPP Y N Bordetella (Suggested) Y N

Based on what you currently know about this dog, these activities are appropriate in The Dog Dive's warm water pool. (Mark all that apply)

Free swim Assisted swim/Water Work Soaking while held

Definitions: Free swim – owner/staff supervised free play in water

Assisted swim/Water Work – Certified/trained staff provide swimming lessons and/or water massage for flexibility, range of motion, strength, etc. Work is carefully paced in intervals and specific to individual dog's needs.

Are there any intermittent recurring contraindications swimming that are known to occur with this dog?

Y N If yes, please list: _____

Has this dog ever displayed aggression during normal treatment? Y N

Veterinarian Name _____ Clinic _____

Signature _____ Date _____

The Dog Dive LLC is a non-medical holistic activity center for canines. Its services complement your dog's regular veterinary care and healthy lifestyle from puppy to geriatric.