



## **Veterinarian Release Form for Aquatic Exercise and Massage**

Thank you for choosing K9 Aquatics, Inc. Prior to starting any exercise or massage program, you should discuss a plan with your veterinarian. Please have your veterinarian complete this form and fax back to us prior to your first session. If you would prefer to have us provide this form to your veterinarian, we are more than happy to do that. Just let us know.

Pets Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Recommended swim and/or massage program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that aquatic exercise (swimming) is a cardiovascular exercise and that aquatic exercise and/or massage is appropriate for this animal.

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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