



Happy Waves • Veterinary Clearance Form

Please fax to 207-797-2446

Client Name: _____ Date: _____

Address: _____

Cell Phone: _____ Email: _____

Dog's Name: _____ Breed: _____

Age: _____ Approx. Weight: _____

Veterinary Clinic: _____ Veterinarian: _____

Address: _____

Phone #: _____ Fax: _____

Email: _____

This client is interested in fun swims for their dog(s) in our heated, indoor pool. This will be a swim session supervised by a Happy Tails staff member, and not a veterinarian. In order to ensure the safety of their dog, we would ask that you indicate if this dog has been diagnosed with any of the following medical conditions, or if you have concerns about this dog performing this type of activity.

Congestive Heart Failure

Epilepsy

Have you or your staff had any concerns about handling this dog? If so, please explain;

Respiratory issues/disease

Infectious Disease

MRSA/Active Skin Infection

Current GI parasite

Chronic ear infection

Eye infection

Less than 14 days post-op

Heart Murmur

Please describe any other medical conditions or concerns you may have about this dog swimming for exercise;

Veterinary Clearance:

The canine client, _____, has been deemed physically able and sound to participate in a fun swim at Happy Waves warm water pool, assisted by Happy Tails' staff, at 119 Bishop Street in Portland, ME.

DVM Name (Print): _____ Date: _____

DVM Signature: _____