

DoggyPaddle

Swimming Pool for Dogs

Veterinary Form

Veterinary Surgeon: _____

Surgery Address: _____

Telephone Number: _____

Client's Details

Dog's Name: _____ Weight: _____

Breed: _____ Date of birth: _____

Owner's Name: _____

Owner's Address: _____

Telephone Number: _____ E-mail _____

Is your pet Insured: **Yes/ No** _____

If yes Please state name of insurance company: _____

-----Section below to be completed by the Vet-----

Please provide details of the dog's medical condition

Current Medication (if any)

Any special considerations whilst swimming?

Suitability for swimming (delete as appropriate) Suitable / Not suitable

Vet's Signature: _____

Date: _____

**Please send or email this form to DoggyPaddle at least one day before your appointment
(email to lynn@doggypaddle.co.uk)**

DoggyPaddle Ltd, Registered Number 6444438
Registered in England, Registered office:
Old Netley House, Portsmouth Road, Old Netley, Southampton. SO31 8BT
Phone 023 8040 4455 www.doggypaddle.co.uk