

# DoggyPaddle

## Swimming Pool for Dogs

### Veterinary Form

Veterinary Surgeon: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Client's Details

Dog's Name: \_\_\_\_\_

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](mailto:lynn@doggypaddle.co.uk))**

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