## VETERINARY CONSENT FORM to participate in a physical rehabilitation or fitness program at



Please ask your veterinarian to fill out this referral / consent form. All questions marked \* are Required. You can email this form to us at info@aquapaws.ca

Client & Pet Information

Email: *
Client Name: *
Phone number: *
Pet's Name:
Pet's age or Date of Birth (DD-MM-YYYY)
Pet's Breed:
Pet's Gender: Male Female
Veterinary Information
Clinic Name: *
Consenting Veterinarian: *
Clinic Phone Number: *
Clinic Email:
Medical Information (Pet's medical details)
Presenting Complaint: *

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Pertinent Medical Information * (including diagnostics test and relevant findings, surgeries performed, treatments and outcomes)	
Current Medications / Supplements: *	
Comorbidities: (eg. Heart disease, skin issues)	
Aqua Paws Services Requested (Check all that apply)	
Standardized Physical Rehabilitation plan for typical injury/surgery (without complication	s)
Full Rehabilitation assessment with customized treatment and exercises	
Hydrotherapy	
Photobiomodulation (LASER therapy)	
Other services to improve mobility and recovery (may include massage or soft tissue mobilization, E-stim, TENS, Reiki, or acupressure)	
Any of the above	



Please specify below
Hind Limb
Front Limb
Geriatric or Osteoarthritis mobility maintenance
Neurological
Hind Limb (if applicable)
Hip dysplasia
Femoral Head Ostectomy (FHO)
Cranial Cruciate Ligament Rupture (CCLR)
Iliopsoas strain
Front Limb (if applicable)
Biceps or supraspinatus strain
Medial shoulder instability
Elbow dysplasia
Post-op elbow surgery (eg. Repair of UAP or FMCP)
Neurological (if applicable)
FCE
IVDD post-op
IVDD conservative management
Additional comments / notes:

