



Canine Water Wellness

HYDROTHERAPY & AQUATICS

Owner's Name:	Phone:
Dog's Name:	Age:
Dog's Breed:	Sex:

Please provide diagnosis, pertinent medical history and conditions relevant to the patient, such as surgery (procedure and date), allergies, behavioural issues:

Date last seen:

Please note the following precautions/contraindications: *cardiac and respiratory dysfunction, bleeding/hemorrhage, surface infections, incontinence/diarrhea, open/draining wounds & incisions, epilepsy, hypothyroidism, diabetes.* Indicate which may pertain to this patient:

Medication(s):

Veterinarian's name:

Email:

Veterinarian's signature:

Date:

Clinic:

Phone:

Fax:

In case of a medical emergency the dog will be treated at Blair Animal Hospital due to their close proximity to our facility. If you would prefer the dog be brought to your clinic, please provide details _____.

Jennifer Donaldson, CCH (Certified Canine Hydrotherapist)

Lianne Zitzelsberger, CCH (Certified Canine Hydrotherapist)

16-5303 Canotek Rd. Ottawa, Ontario K1J 9M1
Tel 613-745-9424 Fax 613-745-7389

www.caninewaterwellness.com
info@caninewaterwellness.com