



1000315573 Ontario Limited o/a
Pawtherapy K9 Aquatic & Massage Centre
560 1st Street
Hanover, Ontario
N4N 3X5
(519) 364-4454
info@pawtherapy.ca
www.pawtherapy.ca

VETERINARY ASSESSMENT & REFERRAL FORM

***Please note - The therapeutic "holistic" services (i.e., Hydrotherapy, Massage Therapy & Kinesiology Taping) offered by 1000315573 Ontario Limited operating as Pawtherapy K9 Aquatic & Massage Centre, are never in place of Veterinary Medicine and as such each canine applicant is required to have a Veterinary Referral / Health Assessment, consenting to their participation in these services. Frequent updates (approximately every 1-2 months, unless otherwise requested) will be provided by a staff member of Pawtherapy K9 Aquatic & Massage Centre to ensure that this canine applicant is receiving the best care possible. ***

Should you have any questions or concerns, please feel free to contact Ashley at (519) 364-4454 or email info@pawtherapy.ca

DATE: _____

Referring Veterinarian: _____

Veterinary Clinic: _____

Clinic's Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: () _____

Email: _____

Owner's Name(s): _____

Dog's Name: _____ Breed: _____

Age/D.O.B: _____ Weight: _____

Date of Last Physical Exam: _____ Date of Last Vaccination: _____
MM / DD / YY MM / DD / YY

Does this dog have aggressive tendencies or specific handling requirements? Yes No

If yes, please describe: _____

Being as this is an indoor therapeutic facility whereby humans are supporting dogs in water; necessary chemicals are required for the health and safety of everyone. We keep the chemicals as low as possible while adhering to safety measures required for commercial pool settings, however some dogs could be more sensitive. To enhance the therapeutic properties of the water, an optimal temperature for the pool water is 30-32°C (88-90°F). As such, these conditions might not be adequate for some dogs. *

Contraindications for Hydrotherapy are as follows:

- Unhealed Surgical Site
- Skin/Ear Infections/Allergies/Infectious Disease
- Chronic Emesis/Diarrhea
- Untreated Cardiac, Liver or Kidney Disease
- Incontinence
- Uncontrolled Epilepsy
- Untreated Collapsing Trachea
- Presence of a Fever (Greater than 102°F/39.2°C)

Contraindications of Massage Therapy are as follows:

- Undiagnosed Lumps / Malignant Cancer Unless Approved by the Referring Veterinarian (Due to increased risk of spreading cells)
- Skin Allergies / Skin Issues of Fungal or Bacterial Origin
- Severe Forms of Nerve Disease (Whereby nerve stimulation could cause extreme discomfort)
- Acute stage (Within 72 hrs. of an injury/surgery)
- Presence of a Fever (Greater than 102°F/39.2°C)
- Infectious Diseases
- Dog is in a State of Shock
- Open or Healing Wounds
- Internal Bleeding

Contraindications for Kinesiology Taping are as follows:

- Open Wounds, Skin Infections / Allergic Reactions /Infectious Disease
- Malignant Cancer
- Advanced Kidney Disease
- Congestive Heart Failure
- Deep Vein Thrombosis or Other Blood Clotting Disorders

Medical Conditions Applicable to Canine Applicant (Please check all that apply):

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Neurological | <input type="checkbox"/> Spinal | <input type="checkbox"/> Cardiovascular |
| <input type="checkbox"/> Renal | <input type="checkbox"/> Obesity | <input type="checkbox"/> Allergies/Skin Issues | <input type="checkbox"/> Arthritis |
| | | | <input type="checkbox"/> Other |

Please describe the extent of the associated medical conditions (If weight loss is required, please record target weight): _____

Current body condition score (out of 9)? _____

History of Injuries (Please describe type of injury, date injury was diagnosed, treatment and recovery plan): _____

Surgical History (Please list type of surgery, date of surgery, post-op recovery plan, suture removal, etc.) _____

Medications / Supplements (Please also include dosage and frequency administered): _____

Is it safe for this dog to use stairs: Yes No

Is it safe for this dog to use a ramp: Yes No

Based on this dog's current health status, is it safe for this animal to partake in the therapeutic services offered by Pawtherapy - K9 Aquatic & Massage Centre? Yes No

Veterinarian Name (Please Print): _____

Veterinarian Signature: _____

Date: _____

Please ensure that signature is an inputted electronic signature or hand-written.

Upon completion, please return this form directly to: Ashley at info@pawtherapy.ca

Thank you for your time.