



Furry Tail Shack
13008 Pearl Road
Strongsville OH 44136
(440)-476-4130

Veterinarian Approval for Hydrotherapy

Dog's Name: _____ Breed: _____ Sex: _____ Fixed? _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Veterinary Hospital/Clinic: _____ Phone: _____

VETERINARIAN USE ONLY:

Please describe any medical conditions or handling issues we should be aware of that may affect this dog while doing Hydrotherapy:

Dog is cleared to participate in warm water Hydrotherapy. Dog is free from any medical conditions that may interfere with warm water Hydrotherapy:

Yes: _____

No: _____

Name of DMV (printed): _____

Signature of DMV: _____ **Date:** _____