

**PAWSITIVELY  
POOCHED**



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## Veterinary Consent Form

**Client Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Pet Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

**Diagnosis/Presenting Complaint:**

**Surgery or Treatments (include date of surgery if applicable):**

**Special Considerations:**

**Services Approved (please check):**

Any

Hydrotherapy/Assisted Swimming

Therapy Laser (Class 3b)

Therapeutic Exercise

Veterinarian Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_