



# Natural Healing

Whole Dog Wellness

## Veterinarian Release Form

**Client Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_

Yes or No

\_\_\_\_\_ Does this patient have a history of cardiac disease

\_\_\_\_\_ Is this patient currently being treated with chemotherapy

\_\_\_\_\_ Are there any health conditions that would contraindicate swimming

If so, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This dog (name) \_\_\_\_\_ is released to swim at Natural Healing.

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

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

Veterinarian signature: \_\_\_\_\_ date: \_\_\_\_\_

Please FAX this form to Natural Healing 630-483-9063 or e-mail to [lee@wholedogwellness.com](mailto:lee@wholedogwellness.com)

946 N. Neltor · West Chicago, IL · 60185

630-483-9843