



Love 4 Paws
Canine Rehabilitation Therapy

Fitness Consent Form

Owner's name:	
Address:	Postal Code:
Phone:	Cell:
Dog/Cat's name:	
Sex: M MN F FS	Date of birth:
Breed:	Colour:
Do you confirm that the identified patient has no current and/or past injuries or conditions that would inhibit them to partake in hydrotherapy and/or strengthening/conditioning exercises?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered NO above, please identify the specific injury/condition:	
Please feel free to submit any additional pieces of information such as patient notes that you think might be useful.	
By signing this document, you authorize hydrotherapy and strengthening and/or conditioning exercises to take place with the supervision of a Certified Veterinary Massage and Rehabilitation Therapist at Love 4 Paws with the identified patient.	
Clinic Name: _____	
Telephone Number: _____	
Email Address: _____	
Veterinarian's name (print): _____	
Veterinarian Signature: _____	Date: _____

Elana Goldberg, BA Hons, RMT, CVMRT
Certified Veterinary Massage and Rehabilitation Therapy Services
Massage – Radial Shockwave – Fitness – Underwater Treadmill

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