



Veterinarian Release Form for Warm Water Therapy and Massage

In an effort to offer your canine the very best in hydrotherapy and massage we strongly suggest that you discuss this exercise and massage plan with your veterinarian. Please have your veterinarian complete this form and fax back to us prior to your first session. If you would prefer us to contact your veterinarian on your behalf we will be happy to assist.

Canine's Name: _____

Owner's Name: _____

Veterinarian's Name: _____

Reason for Visit: _____

Recommended hydrotherapy and/or massage program: _____

I acknowledge that hydrotherapy exercise (swimming) is a cardiovascular exercise and that water exercise and/or massage is appropriate for this canine.

Veterinarian's Signature: _____ Date: _____

Client Signature: _____

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