



Vet Authorisation Form

Veterinary Surgery

Name:

Address:

Post Code:

Telephone number:

Dogs Details

Name:

Breed:

D.O.B:

Sex: Male / Female

Health Conditions:

Owners Details

Name:

Address:

Postcode:

Telephone No:

In your opinion is the dog named above in a fit state of health to attend Fun and Fitness Swimming sessions? **YES/NO**

Are the above named dogs vaccinations up to date? **YES /NO**

Vets Signature:

Date:

Surgery Stamp