



# CANINE CONDITIONING VETERINARY CLEARANCE FORM

## REFERRING VETERINARIAN INFORMATION

Veterinarian's Name: \_\_\_\_\_

Veterinary Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## CLIENT INFORMATION

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

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## PATIENT INFORMATION

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

Species:  Canine  Feline  Other: \_\_\_\_\_

Breed(s): \_\_\_\_\_

Sex:  Male  Female Spayed/Neutered:  Yes  No

Date of Birth (Or Approx. Age): \_\_\_\_\_ Weight: \_\_\_\_\_

## PATIENT MEDICAL HISTORY

Is the pet up to date on vaccinations?  Rabies  DHLPP  Other: \_\_\_\_\_

History: Medical Conditions & Prior Injuries: \_\_\_\_\_

Current Medications/Treatments: \_\_\_\_\_

Medical Records/SOAP Notes:  Will be emailed  Client will bring  None being sent  
Lab Results:  Will be emailed  Client will bring  None being sent  
Diagnostic Images:  Will be emailed  Client will bring  None being sent  
Other Notes/Reports:  Will be emailed  Client will bring  None being sent

## REFERRAL DETAILS

*Please note that Paws in Harmony offers canine conditioning and small animal bodywork only. We are NOT a rehabilitation program; we do not diagnose or treat injuries, illness, or disease. All dogs who require our services must provide written veterinary clearance. When concerns are noted, clients will be directed to seek appropriate care from their veterinarian and/or other professional care providers. If you have any questions, please feel free to contact me at [harmony@pawsinharmonyNY.com](mailto:harmony@pawsinharmonyNY.com) or 315-945-5560. Thank you.*

Reason(s) for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At Paws in Harmony, our canine conditioning programs focus on improving strength, balance, proprioception, and flexibility. Can this pet safely participate in a conditioning program?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any modifications that need to be made, precautions we should take, or movements/exercises this pet should avoid when participating in a conditioning program?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any areas you would like us to focus on when designing a conditioning program for this pet?  
\_\_\_\_\_  
\_\_\_\_\_

How frequently would you like to be updated on this pet's progress?

Require a report after initial session  Require a report after every session  Update with a report when deemed necessary  No reports required

In your professional opinion, is the above-named animal in a suitable state of health to undergo conditioning?  Yes  No

**By checking this box, I certify that I am the above-named referring veterinarian for this patient.**

Referring DVM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FORWARD A COPY OF THE PATIENT'S  
VACCINATION RECORDS. THANK YOU.**