

We only request the Veterinarian Clearance form be filled out IF the dog is injured, pre or post-surgical or any reason you think a Veterinarian may want to put swimming restrictions on the dog.



### Veterinarian Clearance Form for Alaska K9 Aquatics Swim Facility

Veterinarian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Dog's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Owner's Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_ dog okay to swim with owner's discretion

\_\_\_\_\_ dog not approved for swimming at this time

\_\_\_\_\_ dog can swim with the following limitations and instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would like this dog to come back in to see me by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

signature from veterinarian's office

dated

### Owner's section

I give my written approval for my veterinarian's office and the staff of Alaska K9 Aquatics, LLC to communicate in regard to my dog swimming at their facility.

Owner signature

dated

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