

K9 Rehab Wellness Centre

9537 Manzer Street, Mission BC V4S 1H1

(604) 435-0002 | info@k9rehab.ca | www.k9rehab.ca

VETERINARY CONSENT FORM

CLIENT INFORMATION

Client First Name: _____ Client Last Name: _____

Client Contact #: _____ Client Email: _____

CANINE INFORMATION

Name: _____ Age: _____ Breed: _____

intact male neutered male intact female spayed female

VETERINARIAN/CLINIC INFORMATION

Clinic: _____ Consenting Veterinarian: _____

Clinic Contact #: _____ Clinic Email: _____

Diagnosis: _____

Current medications and treatments: _____

Surgical history or reason for therapy: _____

Other relevant history: _____

Diagnostics done and relevant findings: _____

Special instructions or other notes: _____

Plan:

- | | | |
|---|--|--|
| <input type="checkbox"/> pre surgical conditioning | <input type="checkbox"/> osteoarthritis management | <input type="checkbox"/> weight management |
| <input type="checkbox"/> post surgical conditioning | <input type="checkbox"/> patella luxation | <input type="checkbox"/> muscle building |
| <input type="checkbox"/> ease of inflammation | <input type="checkbox"/> hip/elbow dysplasia | <input type="checkbox"/> optimal health |

DVM Signature: _____

Please attach any pertinent information such as x-ray, CT scan and/or MRI results

I would like K9 Rehab Wellness Centre brochures and business cards sent to our clinic