Shieldmaiden K9
(K9 Aquatic Care Centre North)
8718 Sideroad 25 Belwood ON

(226) 558-2416
k9accnorth@gmail.com
www.shieldmaidenk9.com

VETERINARY ASSESSMENT & REFERRAL FORM

***Please note – The therapeutic "holistic" services (i.e., Hydrotherapy, Massage Therapy & Canine fitness/ conditioning) offered by K9 Aquatic Care Centre North operating as Shieldmaiden K9, are never in place of Veterinary Medicine and as such each canine applicant is required to have a Veterinary Referral / Health Assessment, consenting to their participation in these services. Frequent updates (approximately every 1-2 months, unless otherwise requested) will be provided by a staff member to ensure that this canine applicant is receiving the best care possible. ***

***Should you have any questions or concerns, please feel free to contact Diana Storey at (226) 558-2416 or email* k9accnorth@gmail.com**

DATE: _____

Referring Veterinarian: _____

Veterinary Clinic: _____

Clinic's Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: ( ) _____

Email: _____

Owner's Name(s): _____

Owner's Email: _____ **Phone#** _____

Dog's Name: _____ Breed: _____

Age/D.O.B: _____ Weight: _____

Date of Last Physical Exam: _____ (MM / DD / YY)

Date of Last Rabies Vaccination: _____ (MM / DD / YY)

Does this dog have aggressive tendencies or specific handling requirements? ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

Being as this is an indoor therapeutic facility whereby humans are supporting dogs in water; necessary chemicals are required for the health and safety of everyone. We keep the chemicals as low as possible while adhering to safety measures required for commercial pool settings, however some dogs could be more sensitive. To enhance the therapeutic properties of the water, an optimal temperature for the pool water is 30-32*C (88-90*F). As such, these conditions might not be adequate for some dogs. *

Contraindications for Hydrotherapy are as follows:

- Unhealed Surgical Site
- Skin/Ear Infections/Allergies/Infectious Disease
- Chronic Emesis/Diarrhea
- Untreated Cardiac, Liver or Kidney Disease
- Incontinence
- Uncontrolled Epilepsy
- Untreated Collapsing Trachea
- Presence of a Fever (Greater than 102*F/39.2*C)

Contraindications of Massage Therapy are as follows:

- Undiagnosed Lumps / Malignant Cancer Unless Approved by the Referring Veterinarian (Due to increased risk of spreading cells)
- Skin Allergies / Skin Issues of Fungal or Bacterial Origin
- Severe Forms of Nerve Disease (Whereby nerve stimulation could cause extreme discomfort)
- Acute stage (Within 72 hrs. of an injury/surgery)
- Presence of a Fever (Greater than 102*F/39.2*C)
- Infectious Diseases
- Dog is in a State of Shock
- Open or Healing Wounds
- Internal Bleeding

Medical Conditions Applicable to Canine Applicant (Please check all that apply):

☐ Musculoskeletal ☐ Neurological ☐ Spinal ☐ Cardiovascular

☐ Renal ☐ Obesity ☐ Allergies/Skin Issues ☐ Arthritis ☐ Other

Please describe the extent of the associated medical conditions (If weight loss is required, please record target weight): _____

_____

_____

_____

_____

Current body condition score (out of 9)? _____

History of Injuries (Please describe type of injury, date injury was diagnosed, treatment and recovery plan): _____

Surgical History (Please list type of surgery, date of surgery, post-op recovery plan, suture removal, etc.) _____

Medications / Supplements (Please also include dosage and frequency administered):

Is it safe for this dog to use stairs: ☐ Yes ☐ No
Is it safe for this dog to use a ramp: ☐ Yes ☐ No

Based on this dog's current health status, is it safe for this animal to partake in the therapeutic services offered by Shieldmaiden K9? ☐ Yes ☐ No

Veterinarian Name (Please Print): _____

Veterinarian Signature: _____ Date: _____

Please ensure that signature is an inputted electronic signature or hand-written.

Upon completion, please return this form directly to: k9accnorth@gmail.com

Thank you for your time.