



Certificate of Fitness to Swim

Owner's name: _____

Owner's address

Telephone numbers Home: _____

Daytime: _____

Work: _____

Email address: _____

Dog's name: _____ Breed: _____

Age: _____ Approximate weight: _____

Veterinary Practice at which the dog is registered: _____
Address: _____

Telephone number: _____

In my opinion, this patient is in good general health and fit to attend fun swimming sessions.

Signed: _____ MRCVS Date: _____