



GET YOUR DOG R.I.P.T.T.
RUNNING IN PLACE TREADMILL TRAINING

Veterinarian Consent Form

Client Information

First Name:	Last Name:
Address:	
Telephone:	Email:

Dog Information

Name:	Breed:		
Date of Birth or approximate age:	Sex:	Spayed or Neutered? Yes No	
Current Rabies Vaccination? Yes No	Current Parvo Vaccination? Yes No		

Veterinarian Information

Veterinary:	Referring Physician:
Address:	
Phone:	Email:
Reason for the referral (weight loss, muscle rehabilitation, client request)?	
Physician orders/recommendations:	
In your opinion, is the above-named dog in a suitable state of health to participate in the physical activity of dog-powered treadmill training? Yes No	
Veterinarian Signature: _____	Date: _____