



# Veterinary Clearance Form

Revised: 2026.04.10

Telma Grant, BScPT, Dip Canine Rehab (CPA) •  
Phone/Text: 905-259-2717

telma@doghumanphysio.ca • www.doghumanphysio.ca

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Dog: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  M  MN  F  FS Reason for physio / diagnosis: \_\_\_\_\_

Relevant medical history / imaging / findings

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

Surgery or procedures (include dates if known)

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

Current medication(s)

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

Precautions, restrictions, or contraindications for rehab

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

Rehab may include progressive exercise, manual therapy, mobilization, laser (class 3B) as appropriate.

**Veterinary clearance for canine physio**

Cleared  Not cleared  Cleared with precautions

**Behavioural or handling needs**

No  Yes, please specify: \_\_\_\_\_

Muzzle required:  No  Yes

**Veterinarian name (print)**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

**Clinic Email / Phone:** \_\_\_\_\_

*Thank you for completing this clearance form.  
Please return by email to Dog Human Physio.*