



canine aquatic fitness

Client Information Form

(Please complete and bring this form with you to your first appointment)

Today's Date: _____ / _____ / _____

Your Name: _____ Phone(_____) _____

Cell phone(_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Dog's Name _____ Male _____ Female _____ Spayed or Neutered? YES NO

Weight _____ Date of Birth _____ / _____ / _____ Current Age _____ Breed _____

Regular Vet _____ Orthopedic Vet _____

Chiropractor Vet _____ Acupuncturist _____

Other _____

Has your dog had any injuries? YES NO (If yes, please describe) _____

Has your dog had any surgery within the last 6 months? YES NO Date performed _____ / _____ / _____

By whom? _____

Please describe your understanding of the surgery (ie: location on body, current surgery site condition and recovery)

Please describe and list the dates of any other past injuries or surgeries _____

Does your dog have any problems with bowel or bladder control? Leaking, infections, diarrhea, constipation?

YES NO (If yes, please explain) _____

List any Medications you give your pet:

Medication	How often	Reason	Prescribed by	How long on this med?
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List any Supplements of any kind that you give your pet:

Supplement	How often	Reason	Prescribed by
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What do you feed your pet?

Brand(s): _____

Daily amounts (please be specific) _____

Feeding schedule _____

What kinds of treats do you feed your pet? _____

If treats are given, how many and how often? _____

Do you feed your pet table food (food that you are eating)? _____

List methods that you use for flea & tick control? What do you use and how often?

NOTE: Please do NOT bring your dog to swim within 1 week of applying topical flea treatment (such as Vectra, Frontline, Revolution, etc.) If there is an obvious residue from a recent application, your appointment will be canceled and rescheduled.

Also, if your dog has fleas or flea dirt at the time of your appointment, your appointment will be canceled and rescheduled.

Does your dog have any skin allergies/sensitivities? If so, please describe _____

Please describe your dog's daily life (how they spend their day). If crated, how long? Exercise routine, play time, etc. Walks? Brisk, slow, how many minutes? How often?

Has your dog ever been swimming? YES NO
Does he/she like to swim? YES NO
Does your dog like to retrieve toys? YES NO Retrieve toys from water? YES NO
Does your dog like to play with toys? YES NO

Does your dog enjoy being petted / held / picked up by you? Strangers? Any sensitive areas/spots? _____

Please describe any emotional components of your dog that you would like us to be aware of so we can better honor his/her boundaries and help him/her to be as comfortable and confident as possible during our time together.

Will you need assistance getting your dog from the parking lot into our facility? YES NO

In some circumstances, we may ask to assist us by holding your dog's collar while we guide your dog into the pool. Do you have any physical restrictions that would prevent you from assisting us **while you sit** along the side of the pool? YES NO

There will be a "poop fee" of \$200 if your dog happens to poop in the pool. The reason for this is because the pool will need to drained, cleaned & disinfected, re-filled and re-heated. This takes time and is a lot of work.

During this time, all appointments for the next 24-48 hours will have to be rescheduled.

Please initial that you have read and understand the "poop policy". _____

INDEMNITY, RELEASE and WAIVER

I, the undersigned, confirm that I am the owner or person responsible for the dog(s) brought into **Water Bark Wellness LLC**. I understand that **Water Bark Wellness LLC** is not a licensed veterinarian facility. In compliance with Maine State Law, **Water Bark Wellness LLC** does not diagnose or cure specific ailments, perform surgery or prescribe medications. I also understand that swimming is not a replacement for proper veterinary care and that any injuries or diseases must be medically diagnosed and treated by the dog's veterinarian. I further understand that a complete history is necessary for accurate treatment of any kind and that participation by the owner/handler is essential to achieving beneficial results.

I understand that swim sessions consist of activities such as swimming, stretching, floating and gentle touch in the warm waters of the pool and that each session is dependent on things such as the condition and age of the dog, the goals of the owner, the nature of the dog's injury (if any) and how the dog emotionally reacts to the water. **Water Bark Wellness LLC** is not responsible for any injuries or illnesses incurred by myself or my dog(s) as a result of the use of the facility and property and I waive and release any such claims resulting from the use of the facility and property.

I understand that **Water Bark Wellness LLC** is not responsible for any damages caused by my dog(s) to persons or to any property and not responsible for any injuries or illnesses incurred by myself or to my dog(s) as a result of the use of the facility and property. I agree to indemnify and hold harmless **Water Bark Wellness LLC** and its owners and employees from any such claims.

I agree that payment is due in full at the time of the appointment.

Owner/Guardian Name (printed)_____

_____/_____/_____
Owner/Guardian Signature Date

