



AQUAHEALING
CANINE HYDROTHERAPY AND FITNESS

Client Information Form

(Please complete and return this form prior 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: (if you need more space please continue on the back)

Medication	How often	Reason	Prescribed by	How long on this med?
------------	-----------	--------	---------------	-----------------------

List any Supplements of any kind that you give your pet:

Supplement	How often	Reason	Prescribed by
------------	-----------	--------	---------------

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? _____

Because this is a very intimate setting, Shari (in conjunction with her assistant when needed) will physically be handling your dog while getting him/her into the pool and during the swim session. Does your dog have any **aggressive tendencies** or any kind of biting / snapping history? YES NO
If yes, please explain in detail. Please note that this does not prevent us from working with your pet. This information is important so that we may take precautions to protect ourselves and your pet from a potential bite situation.

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 you to assist us by holding your dog's collar/stabilize the front end while we guide your dog into the pool. Do you have any physical restrictions that would prevent you from assisting us?

YES NO

INDEMNITY, RELEASE and WAIVER

I, the undersigned, confirm that I am the owner or person responsible for the dog(s) brought into Aqua Healing Canine Hydrotherapy and Fitness, LLC. I understand that Aqua Healing Canine Hydrotherapy and Fitness, LLC is not a licensed veterinarian facility. In compliance with Michigan State Law, Aqua Healing Canine Hydrotherapy and Fitness, 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/physically reacts to the water. Aqua Healing Canine Hydrotherapy and Fitness LLC, The Barkshire:Resort for Paws, Natural Healing Pet Care is/are not responsible for any injuries or illnesses incurred by myself or my dog(s) as a result of the use of the pool and deck. I waive and release any such claims resulting from the use of the pool and deck. I understand that Aqua Healing Canine Hydrotherapy and Fitness LLC, The Barkshire:Resort for Paws, Natural Healing Pet Care, is/are not responsible for any damages caused by my dog(s) to persons or to any property and is/are not responsible for any injuries or illnesses incurred by myself or to my dog(s) as a result of the use of the pool and deck. I agree to indemnify and hold harmless Aqua Healing Canine Hydrotherapy and Fitness LLC, The Barkshire: Resort for Paws, Natural Healing Pet Care, along with its owners and employees from any such claims.

I agree that payment is due in full at time of visit. All appointments require at least 48 hours notice of cancellation; this allows us to potentially fill that appointment time. There will be no charge for the first cancellation that occurs less than 48 hours prior to your scheduled appointment. Subsequent cancellations that are less than 48 hours prior to scheduled appointment will be charged to the client or deducted from their package.

Owner/Guardian Name: (please print) _____

Owner/Guardian Signature: _____

Date: _____/_____/_____