



DATE: \_\_\_\_\_

DOG'S NAME: \_\_\_\_\_ DOG'S AGE: \_\_\_\_\_ BREED: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**VETERINARIAN INFORMATION**

REGULAR VET: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ORTHOPEDIC VET: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

CHIROPRACTOR: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ACUPUNCTURIST: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

WHO MAY I THANK FOR THIS REFERRAL? \_\_\_\_\_

HAS YOUR DOG HAD A RECENT INJURY? **YES NO** (IF YES, PLEASE DESCRIBE BELOW)

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

HAS YOUR DOG HAD A RECENT SURGERY? **YES NO** WHEN \_\_\_\_\_? BY WHOM: \_\_\_\_\_?

PLEASE DESCRIBE YOUR UNDERSTANDING OF THE SURGERY IN AS MUCH DETAIL AS POSSIBLE. FOR EXAMPLE, WHAT SIDE WAS THE SURGERY PERFORMED ON?

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

PLEASE DESCRIBE AND LIST THE DATES OF ANY OTHER/OLDER PAST INJURIES OR SURGERIES:

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

IF YOUR DOG HAS HAD ANY INJURIES OR SURGERIES HAS YOUR VETERINARIAN GIVEN THE APPROVAL FOR WARM WATER THERAPY?

**YES NO** (IF YES PLEASE DESCRIBE ANY INSTRUCTIONS OR RECOMMENDATIONS YOUR VETERINARIAN HAS GIVEN)

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

HOW ARE YOU HOPING THAT YOUR DOG WILL BENEDIT FROM WARM WATER THERAPY?

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DOES YOUR DOG HAVE ANY PROBLEMS WITH BOWEL/BLADDER CONTROL? **YES NO** (IF YES PLEASE EXPLAIN)

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**HOME ENVIRONMENT**

PLEASE DESCRIBE YOUR DOG'S HOME ENVIRONMENT (WHERE/HOW DOES YOUR PUP SPEND THE DAY? THE NIGHT?)

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DO YOU HAVE CHILDREN? **YES NO** WHAT ARE THEIR AGES?

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DO YOU HAVE ANY OTHER DOGS? **YES NO** IF YES, WHAT ARE THEIR BREEDS AND AGES?

NAME	BREED	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIBE YOUR DOG'S RELATIONSHIP WITH WATER?

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DOES YOUR DOG ENJOY SWIMMING AFTER TOYS? **YES NO** (IF YES, WHAT KIND OF TOY?)

DOES YOUR DOG ENJOY BEING HELD AND MASSAGED? **YES NO** PLEASE SHARE DETAILS BELOW

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PLEASE DESCRIBE ANY EMOTIONAL COPONENTS OF YOUR CANINE FRIEND THAT YOU WOULD LIKE ME TO BE AWARE OF SO THAT I CAN BETTER HONOR HIS/HER BOUNDARIES AND HELP HIM/HER TO BE AS COMORTABLE AND CONFIDENT AS POSSIBLE DURING OUR SESSIONS TOGETHER.

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WHAT DO YOU FEED YOUR DOG:

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FEEDING SCHEDULE?

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WHAT KIND OF TREATS DOES YOUR PUP ENJOY?

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ALLERGIES? **YES NO** (IF YES, PLEASE IDENTIFY BELOW)

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PLEASE LIST SUPPLEMENTS OF ANY TYPE THAT YOU GIVE TO YOUR DOG?

SUPPLEMENT	HOW OFTEN?	REASON?	PRESCRIBED BY?
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

PLEASE LIST ANY MEDICATIONS THAT YOU GIVE TO YOUR DOG:

MEDICATION	HOW OFTEN?	REASON?	PRESCRIBED BY?
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PLEASE SHARE ANY ADDITIONAL INFORMATION YOU FEEL PERTIENT NOT ASKED ON THIS FORM:

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## Agreement, Indemnity, Release & Waiver

I, undersigned, warrant that I am the owner or person responsible for the dog(s) brought to Pawsitive Connection Dog Training LLC for warm water therapy. Pawsitive Connection Dog Training LLC is a limited liability company for training and warm water exercise services. Further, I understand that canine warm water exercise consists of activities such as swimming, stretching and massage in the warm waters of a pool, and that each session is dependent on things such as the condition and age of the dog, the expertise and experience of the practitioner, the goals of the owner, the nature of the dog's injury and where that dog is emotionally in the water.

I also understand that Pawsitive Connection Dog Training LLC does not diagnose, prognose or treat diseases, deformities, defects, wounds and injuries or provide mechanical therapy that are restricted to the field of veterinary medicine.

I understand, am responsible for and agree to provide the practitioner with the latest medical information, including underlying medical conditions, medications, veterinarian name and contact information and veterinarian recommendations and limitations for the dog(s) brought to Pawsitive Connection Dog Training LLC, for canine warm water exercise services. I agree that I am ultimately responsible for determining whether the canine warm water exercise services provided by Pawsitive Connection Dog Training LLC are appropriate for my dog(s).

Additionally, Pawsitive Connection Dog Training LLC may refer clients to other programs and therapists whose location or availability may make them more suitable for the client. However, Pawsitive Connection Dog Training LLC is not responsible for these programs, pools or therapists. I understand and agree that I am responsible for determining whether those therapists and facilities are appropriate for my dog(s).

I accept full responsibility for any injury or damage, to persons, property or animals arising out of the use of the grounds, pool and actions and conduct of the undersigned as well as my dog(s). I accordingly agree to indemnify Pawsitive Connection Dog Training LLC, a Washington limited liability company, employees, independent contractors and independent therapists, for money damages and attorney fees; and further waive all personal claims and release Pawsitive Connection Dog Training LLC, it's owners, independent contractors and independent therapists for damage, injury or death sustained by me, arising out of my participation in the activities and services of Pawsitive Connection Dog Training LLC or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers.

### **CANCELLATION POLICY**

Pawsitive Connection Dog Training LLC requires 24 hour notice to cancel or reschedule swim sessions. A **NO SHOW** will be charged the original amount for that scheduled swim session.

**NOTICE:** You or your pet may, on occasion, be videotaped, photographed and recorded while with us. If this occurs, Pawsitive Connection Dog Training LLC shall be the sole owner of all copyrights and all proceeds. Your pet may be used in any and all media and in promotion, advertising, sale and publicizing and exploitation of Pawsitive Connection Dog Training LLC at no cost to us.

This agreement is governed by Washington law and any disputes shall be resolved in Spokane County Washington.

**SIGNATURE:** \_\_\_\_\_ **DATED THIS** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_