Paws Aquatics
12897 SE Vernie Ave.
Milwaukie, OR 97222
Phone 503-744-1100 Fax 503-305-6418

Client Information

Owner's Name_____

Street Address_____

City_____ State_____Zip_____

Home Phone_____ Cell Phone_____

E-mail_____

Emergency Contact_____ Phone_____

Dog's Name_____Breed_____

Date of Birth_____Sex_____ Neutered/Spayed?_____

Regular Veterinary Hospital_____

Specialist Veterinarian_____

Is your dog currently vaccinated for the following:

Rabies ☐ Distemper ☐ Parvo ☐ Leptospirosis ☐ Kennel Cough ☐

Were you referred by your vet/surgeon? Yes/No (If yes, why?)

Has your dog had recent surgery? Yes/No When?_____ By Whom?_____
Please describe:

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

May we exchange information about your dog with your veterinarian(s)

Does your dog have any problems with bowel/bladder control?

Is your dog on medication and/or supplements? Yes/No If yes, which ones

Does your dog enjoy swimming? Yes/No

What type of exercise does your dog regularly get?

Has your dog ever shown any aggression towards people or other dogs? Yes/No if yes, please describe.

Are you interested in assisted-swims, self-swims, or underwater treadmill?

Is there any other information you would like us to know about your dog?

How did you hear about Paws Aquatics?

Veterinarian_____ Pet Shop_____ Trainer_____ Internet Search_____ Friend/Relative_____
Other_____