

Surf Dog Swim Spa
Client Information

Dog's Name _____ Age _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Veterinarian Information

Regular Vet _____ Telephone _____

Orthopedic Vet _____ Telephone _____

Other _____ Telephone _____

Does your dog know how to swim? Yes/No

Has your dog ever had warm water therapy? Yes/No

Please describe your dogs experience in water, if any?

How do you hope your dog will benefit from swimming?

Has your dog had a recent injury or surgery? Yes/No (Yes, please describe)

Does your dog have any existing or previous health conditions? Yes/No

If yes, please list them (ie: heart problems, seizures, cancers, respiratory conditions etc.)

Are there any behavioral issues we should be aware of? Yes/No

Does your dog have any problems with bowel/bladder control? Yes/No

Please list methods of flea control used for your dog, if any?

Has your dog ever bitten or had past aggression issues towards anyone?

Please describe any emotional components of your canine friend that you would like me to be aware of so that I can help him/her to be as comfortable and confident as possible during our swim sessions together.

Thank you for taking the time to fill out this form!