



CLIENT INFORMATION FORM

DOG:		BREED:	AGE:	SEX:
		WEIGHT:		
		NEUTERED/SPAYED <input type="checkbox"/> YES <input type="checkbox"/> NO		
OWNER:				
ADDRESS:				
HM #:	CL #:	WORK #:		
EMAIL:				
Is this dog currently in Foster Care with a 501 (c) (3) Animal Rescue?Adoption Group? <input type="checkbox"/> YES <input type="checkbox"/> NO				
VETERINARIAN:		CLINIC:		
ADDRESS:				
OFFICE:	FAX:	EMAIL:		
REFERRING VETERINARIAN:				
VETERINARY CLEARANCE FOR HYDROTHERAPY: <input type="checkbox"/> YES <input type="checkbox"/> NO				
<i>Prior to starting hydrotherapy, all pre- & post-surgical, geriatric dogs are required to have written veterinary clearance on file</i>				
REASON FOR VISIT:				
CURRENT VACCINATIONS: <input type="checkbox"/> Rabies <input type="checkbox"/> DHPP <input type="checkbox"/> Canine Influenza <input type="checkbox"/> Bordetella <input type="checkbox"/> Leptospirosis				
<i>Please provide a copy of current vaccinations for our records. Thank You.</i>				
MEDICATIONS: <i>(please check all that apply)</i>				
<input type="checkbox"/> Rimadyl <input type="checkbox"/> Deramaxx <input type="checkbox"/> Metacam <input type="checkbox"/> Adequan <input type="checkbox"/> Tramadol <input type="checkbox"/> Prednisone <input type="checkbox"/> Feldene				
<input type="checkbox"/> Heartworm Preventative <input type="checkbox"/> Parasitic Preventative <i>(flea, worms, etc)</i> <input type="checkbox"/> MultiVitamin <input type="checkbox"/> Joint Health				
OTHER MEDICAL CONDITIONS: <i>(please check all that apply)</i>				
<input type="checkbox"/> CARDIAC	Type of Cardiac Difficulty:			
<input type="checkbox"/> CANCER	Type of Cancer:	Treatment: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Treatment Type <input type="checkbox"/> Chemo <input type="checkbox"/> Radiation <input type="checkbox"/> Other			
<input type="checkbox"/> EPILEPSY	Since (year):	SEIZURE ACTIVITY:		
<i>Hydrotherapy may be contraindicated for dogs with epileptic &/or seizure activity. Please consult with your treating veterinarian & obtain a veterinary release prior to commencing hydrotherapy. Thank you.</i>				
TO ENSURE A SAFE HYDROTHERAPY SESSION FOR YOUR PET, PLEASE PROVIDE THE FOLLOWING INFORMATION:				
Has your dog been in the water prior to this visit? <input type="checkbox"/> YES <input type="checkbox"/> NO				
In what venue? <input type="checkbox"/> Lake <input type="checkbox"/> Ocean <input type="checkbox"/> River <input type="checkbox"/> Stream/Creek <input type="checkbox"/> Pool				
Did your dog enjoy the experience? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Has your dog ever shown aggression towards another animal? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>if yes, please explain:</u>				
Has your dog ever shown aggression towards a human (yourself, family member, stranger)? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>if yes, please explain:</u>				
Has your dog ever shown fear with strangers or other dogs? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>if yes, please explain:</u>				
Does your dog "resource-guard" (toys, food, etc) <input type="checkbox"/> YES <input type="checkbox"/> NO <u>if yes, please explain:</u>				
Hip Dog takes every precaution to ensure a safe swim environment for our clients & our staff. Any dog displaying unprovoked &/or repeated aggressive behavior may be denied the opportunity to enter the premises.				
Does your dog have any allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(please list your dog's allergies below)</i>				
<input type="checkbox"/> Medications:				
<input type="checkbox"/> Food:				
How did you learn about Hip Dog? <input type="checkbox"/> Veterinarian <input type="checkbox"/> Friend <input type="checkbox"/> Former Client <input type="checkbox"/> Brochure <input type="checkbox"/> Web search				



AGREEMENT, INDEMNITY, WAIVER, & RELEASE

I, the undersigned, warrant that I am the owner or person responsible for the dog(s) brought to Hip Dog Canine Hydrotherapy & Fitness, LLC for canine water therapy services. Further, I understand that canine water therapy consists of activities such as swimming, stretching, and massage in the warm waters of a pool, and that each session is dependent on such factors including but not limited to, the condition and age of the dog, the goals of the owner & treating veterinarian, the nature of the dog's injury, and where the dog is emotionally in the water.

I understand I am responsible for, and agree to provide the therapist 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 Hip Dog Canine Hydrotherapy & Fitness, LLC for canine water therapy services. I agree that I am ultimately responsible for determining whether the canine water therapy services provided by Hip Dog Canine Hydrotherapy & Fitness, LLC are appropriate for my dog(s).

Additionally, Hip Dog Canine Hydrotherapy & Fitness, LLC may suggest other programs and/or therapists whose services may be of assistance to client. However, Hip Dog Canine Hydrotherapy & Fitness, LLC, is not responsible for these programs or therapists. I understand and agree that I am responsible for determining whether those therapists and facilities are appropriate for my dog(s). I further understand & agree that all such suggestions will be discussed with my dog's veterinarian prior to commencement.

I accept full responsibility for any injury or damage, to persons, property or animals arising out of use of the grounds & spa and the actions & conduct of the undersigned and my dog(s), and accordingly agree to indemnify Hip Dog Canine Hydrotherapy & Fitness, LLC and its owners, employees, independent contractors & independent therapists, for money damages and attorney fees; and further waive all personal claims and releases Hip Dog Canine Hydrotherapy & Fitness, LLC, its owners, employees, independent contractors and independent therapists for damage, injury or death sustained by me, arising out of my participation in the activities and services of Hip Dog Canine Hydrotherapy & Fitness, LLC, or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers.

Cancellation policy

I understand & agree that payment, in either cash or personal check, is due at the time services are rendered. I understand & agree that a 24-hour prior notice of cancellation is required. I understand and agree that I am responsible for paying 25% of the cost of a scheduled appointment if I cancel with less than 24 hours notice.

Signature

Printed Name

Dated this _____ day of _____, 2011

Hip Dog Canine Hydrotherapy & Fitness, LLC honors the client confidentiality compact and will only release information to those parties designated in writing by you. We do not, and will not, ever sell your personal information. Hip Dog Canine Hydrotherapy & Fitness, LLC retains this information for one (1) year from the date noted on this form.