

Owner's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Breed: \_\_\_\_\_  
Email: \_\_\_\_\_ Age: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_

Spa Service (Please mark all that apply): Massage \_\_\_\_\_ Therapeutic Swim \_\_\_\_\_ Fun Swim \_\_\_\_\_

How are you hoping your dog will benefit from spa therapy? (Please mark all that apply)

1. Rehabilitation \_\_\_\_\_
2. Weight Loss \_\_\_\_\_
3. Exercise & Fun \_\_\_\_\_
4. Preventative Exercise \_\_\_\_\_
5. Learn to swim \_\_\_\_\_
6. Relaxation & Pampering \_\_\_\_\_

Does your dog know how to swim? YES \_\_\_\_\_ NO \_\_\_\_\_

-If yes, has your dog ever had warm water therapy? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your dog enjoy swimming after toys and/or treats? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your dog have any problems with bowel/bladder control? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your dog have any allergies or sensitivities of any kind? YES \_\_\_\_\_ NO \_\_\_\_\_

-If yes, please explain:

Are there any behavioral issues we should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

-If yes, please explain:

Does your pet have any existing or previous health conditions? YES \_\_\_\_\_ NO \_\_\_\_\_

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

-If cancer, what was the date of the last treatment?

Has your dog had a recent injury and/or surgeries? YES \_\_\_\_\_ NO \_\_\_\_\_

-If yes, please explain:

Please describe and list dates of any past injuries and/or surgeries:

Please list any supplements and/or medications you are currently giving to your pet:

Can we contact your veterinarian if we have any further questions regarding your dog's participation in warm water therapy or massage therapy? YES \_\_\_\_\_ NO \_\_\_\_\_

Office Use: Date of first spa service \_\_\_\_\_