

Does your dog have any medical problems / physical ailments? Yes No

If yes, please describe: _____

Has your dog had any recent surgeries or procedures requiring anesthesia? Yes No

Please list all of your dog's past surgeries or injuries (do not include spay/neuter procedures):

Type of surgery/injury	Date of surgery/injury

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

*If yes, please describe: _____

Does your dog have any allergies? Yes No

*If yes, please describe: _____

Does your dog have any sensitive areas on his/her body? Yes No

*If yes, please describe: _____

VACCINATION / MEDICAL PREVENTION HISTORY

Vaccination History

Rabies Yes No Date: ___ / ___ / ___

Distemper/Parvo Yes No Date: ___ / ___ / ___

Bordetella Yes No Date: ___ / ___ / ___

Canine Influenza Yes No Date: ___ / ___ / ___

Test History

Heartworm Yes No Date: ___ / ___ / ___ **Result:** Positive Negative

Fecal Exam Yes No Date: ___ / ___ / ___ **Result:** Positive Negative

Other _____ Yes No Date: ___ / ___ / ___ **Result:** Positive Negative

*If any of the test results listed above was positive, please describe, including treatment and dates: _____

Heartworm preventative medication: _____ Flea and Tick control medication: _____

*If topical, date of last application: ___ / ___ / ___

DOG'S BEHAVIOR AND PERSONALITY

Please describe your dog's basic personality and temperament. For example, is he/she outgoing, shy, etc.? _____

Does your dog have any emotional or behavioral issues of which we should be aware? Yes No

*If yes, please describe so we can better understand your dog's boundaries and help him/her to be as comfortable and confident as possible during our sessions together: _____

Does your dog have problems/fears/dislikes with:

- Other dogs Yes No If yes, explain: _____
- Strangers Yes No If yes, explain: _____
- Men Yes No If yes, explain: _____
- Women Yes No If yes, explain: _____
- Children Yes No If yes, explain: _____
- Other Yes No If yes, explain: _____

Is your dog possessive / protective of you? Yes No

*If yes, explain behavior: _____

Please describe your dog's relationship with water. Is he/she fearful of water? Does he/she like baths? Does he/she enjoy swimming? What, if anything, makes being in the water more enjoyable for him/her? _____

DOG'S DIET AND EXERCISE HABITS

What type of pet food does your dog eat? _____ What is his/her feeding schedule? _____

Is your dog allowed to have treats? Yes No

*If yes, please list any restrictions due to allergies, etc.: _____

*If yes, what treats do you purchase? _____ How often do you provide treats? _____

Activities? Please circle all that apply.

Agility Obedience Flyball Hunting
Frisbee Field Trial Show Other _____

Working? Please circle all that apply.

Police Drug Search/Rescue Service Other _____

What type of exercise does your dog get and how? _____

ADDITIONAL INFORMATION

What are your goals for your dog as they pertain to services provided at Canine Aquatic Center? _____

Is there any additional information you would like us to know? _____

NOTE: Always let us know of any health changes to your dog. Some conditions may limit the amount of exercise or exposure to warm water your dog should have. You should always discuss warm water exercise and massage with your vet if the health of your dog changes.

Signature of Owner/ Guardian

Date