

New Client Registration



CLIENT INFORMATION

Owner/Guardian _____ Email _____
Address _____ City _____ State _____ Zip _____
Mobile Number _____ How did you hear about us? _____

CANINE INFORMATION

Dog's Name _____ Breed _____ Color _____
Weight _____ Date of Birth (if known) _____ Approx. Age _____ Sex _____
Potty Trained? Yes No Spayed or Neutered? Yes No
How long have you had your dog? _____ Where did you obtain your dog? _____
What are your goals for your dog as they pertain to services provided at Canine Aquatic Center? _____

MEDICAL INFORMATION/HISTORY

Primary Veterinary Office _____ Address _____
Primary Veterinarian Name _____ Phone _____
Does your dog see any specialists? (chiropractor, acupuncturist, surgeon) _____

Were you referred by a healthcare provider? Yes No
-If yes, please list who referred you and the reason _____

Can we contact any of the health providers listed above, should we have further questions regarding your dog's participation in any of our programs? Yes No

What is the current overall health of your dog? _____

Please list any medications and/or supplements you currently give your dog including flea/tick and heartworm prevention, and any topical medications)

Medication/Supplement	How Often?	Reason



Please list any medical/physical issues your dog has? (if applicable) _____

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

Please list all of your dog's past surgeries or injuries:

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: _____

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. Are they fearful of water? Do they like baths? Do they enjoy swimming? What, if anything, makes being in the water more enjoyable for them? _____

DOG'S DIET AND EXERCISE HABITS

What type of 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 are they given? _____

Does your dog participate in any of the following activities? Please circle all that apply.

Agility	Obedience	Flyball	Hunting
Frisbee	Field Trial	Show	Other _____

Is your dog a working dog? Please circle all that apply.

Police	Drug	Search/Rescue	Service	Other _____
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What type of exercise does your dog get and how? _____

ADDITIONAL INFORMATION

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



Canine Aquatic Center

Policies & Procedures

Please be sure to read through each point and initial

_____ **Appointments.** All sessions are by appointment only and run on time. **Please arrive no earlier than 15 minutes before your scheduled appointment** so you can potty your dog and be ready for your session. If you are late, your session will be shortened accordingly. First-time clients should arrive no earlier than 15 minutes before the scheduled appointment.

_____ **Leash.** All dogs must be on a leash **at all times** when on CAC property unless they are being supervised by a therapist in the pool.

_____ **Right to Refuse Service.** Canine Aquatic Center, at its sole discretion, reserves the right to refuse or suspend services for any reason.

_____ **Age and Spay/Neuter.** Dogs of any age are welcome at Canine Aquatic Center. When in heat, female dogs will not be allowed to participate in any type of swim session.

_____ **Flea Control.** If a topical flea treatment is used, it must be applied no less than 4 days prior to a swim session.

_____ **Grooming.** Dogs should be clean, recently brushed, and have their nails trimmed and filed.

_____ **Cancellation Policy.** There is no reimbursement for missed visits. If you need to reschedule an upcoming appointment, you must provide a minimum of a 24-hour notice for us to refill the scheduled appointment time.

_____ **Transaction Policy.** Payments must be made **prior** to swimming. We accept cash, checks, and all major credit cards. **Appointments scheduled outside of 8:00am-5:00pm Monday-Friday will be required to prepay before the scheduled appointment. If we do not receive payment prior to the appointment, the swim will be canceled.** Canine Aquatic Center reserves the right to change policies, procedures, services, and fees without notice. We will attempt to notify you of these changes, but it is ultimately your responsibility to be aware of current policies and rates.

_____ **Rescue Pricing.** If a dog is part of a rescue/shelter they will receive our discounted rescue pricing. However, if they continue to come after adoption, they will be charged our regular pricing.

_____ **Feeding.** Dogs should not be fed 4 hours prior to their swim time; 8-10 hours may be necessary if your dog has bowel control issues. You must let us know if your dog has bowel control issues.

_____ **Pre or Post Surgery Swims.** We **require** a written veterinary clearance to swim your dog if your dog is scheduled for surgery within 1 month of the swim or is swimming post-surgery. We cannot swim any dog with sutures or staples in place.

By signing below, you acknowledge receipt of and adherence to the above policies.

Signature: _____ Date: _____

Printed Name: _____





Canine Aquatic Center, LLC

Agreement, Indemnity, Release, & Waiver

I, the undersigned, warrant and certify that I am the owner or person responsible for the dog(s) brought to Canine Aquatic Center (hereafter referred to as the The Center, 6215 E. Florida St, Evansville, IN 47715) for canine aquatic therapy, weight loss and fitness, and other activities. I understand that the services offered by The Center are not intended as a substitute for veterinary care, and consultation with a veterinarian is recommended for any matters relating to the health of the dog. Further, I understand that individual sessions and corresponding outcomes are dependent upon the condition and age of the dog, the goals of the owner, the nature of the dog's injury (if applicable), and the dog's emotional and behavioral condition.

I understand, I am responsible for, and agree to provide Canine Aquatic Center staff 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 The Center for any service offered. I agree that I am ultimately responsible for determining whether the services provided by The Center are appropriate for my dog(s). I further agree that I am responsible for any risk posed by undisclosed medical conditions.

I understand that by allowing my dog(s) to participate in the services offered by Canine Aquatic Center, LLC., I give my permission for Canine Aquatic Center, LLC. to take photographs, and/or videos, and to use the images or videos of my dog in printed matter, internet sites, or other promotional or advertising capacities. Photographs and videos are the property of Canine Aquatic Center, LLC.

I accept full responsibility for any injury or damage, to persons, property or animals arising out of use of the grounds, facility, and pool, and the actions and conduct of the undersigned and my dog(s). Accordingly, I agree to indemnify The Center and its owners, employees, independent contractors, and independent therapists, for monetary damages and attorney fees; and further waive all personal therapists for damage, injury, or death sustained by me, arising out of my participation in the activities and services of the The Center, or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers. As a client of The Center, I understand that my dog(s) and any person I bring onto the property enter / swim / participate at their own risk.

It is my express intent that this Release and Hold Harmless Agreement shall also bind the members of my family and all respective heirs, executors, administrators, legal representatives, successors, and assigns, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Indiana.

By signing below, I acknowledge that I have read and fully understand this **Agreement, Indemnity, Release, & Waiver**.

Signature: _____ Date: _____

Printed Name: _____

