



NEW CLIENT FORM

Client's Name _____ Date _____

Mailing address _____ City _____

State _____ Zip _____ Email _____

Phone (home) _____ (cell) _____

Dog's name: _____ Age _____

Breed _____ Weight _____

Sex _____ Male _____ Female _____ Spayed/neutered _____ Yes _____ No _____

Has your dog been vaccinated for _____ Rabies _____ Distemper/Parvo _____

Is your dog on topical flea/tick control _____ Yes _____ No _____ If yes, when was it applied _____

Primary Veterinarian/ Veterinary Hospital _____

Veterinarian phone number _____

Has your dog had an injury? If so, what injury and when did it happen? _____

Has the injury been evaluated by your veterinarian? _____

Has your dog undergone surgery? If so, what surgery, when was it and who performed it? _____

Is your dog on any medication? If so, what medication? _____

Is your dog suffering from any medical conditions that may make swimming inadvisable such as skin infections, ear infections, incontinence, diarrhea, or cardiac and/or respiratory issues that may limit their ability to exercise? _____

Has your dog shown any aggression toward other dogs? _____

Has your dog shown any aggression toward people? _____

Has your dog ever been swimming? _____

What do you hope to achieve by swimming your dog? _____

Please describe your dog's daily exercise routine (walks – distance/duration, play time, etc) _____

What is your dog's level of fitness:

_____ Athlete _____ Moderate activity (few leash walks/day) _____ Couch potato

What food (meals and snacks) does your dog get on a daily basis _____

Will you need assistance getting your dog from the car to the pool area _____

Liability waiver:

I warrant that I am the owner or person responsible for the canine(s) brought to All 4 Paws Wellness and/or Paws and Hooves Acupuncture LLC for services, and therefore accept full liability and responsibility for damages to property, injury or death to myself, people or other animals arising out of use of the facility and my actions, along with the actions of my canine(s), and accordingly agree to indemnify and hold harmless, All 4 Paws Wellness and/or Paws and Hooves Acupuncture, LLC, its owners and employees for money damages and attorney fees.

I agree that I am ultimately responsible for determining whether the swim services provided by All 4 Paws and/or Paws and Hooves Acupuncture LLC are appropriate for my dog(s).

I understand that if my dog defecates in the pool, the pool may have to be shut down to contain any damage. Depending on the severity of the damage, the pool may be closed for a minimum of 24 hours. For this reason, the swim session is cancelled, and payment is non-refundable. I, the owner, may be assessed a fee of \$150 to partially cover the cost of cleanup.

I understand and agree that payment in full is due at the time services are rendered.

I understand and agree that an 8-hour notice of cancellation is required.

I understand and agree that I am responsible for paying 50% of the cost of a scheduled appointment if I cancel with less than 8 hours notice, or no show.

I certify that I have read and understand this Agreement, and that the information set forth is true and correct. I agree to accept all the terms, conditions, and statements of this agreement, and any rules, regulations, policies and procedures of All 4 Paws Wellness and/or Paws and Hooves Acupuncture LLC.

Signed: _____ Date _____

