

Doggie Dome Swim Spa^{LLC}

Canine Warm Water Assisted Controlled Swimming

81 Old Route 11 - New Durham, N.H. 03855 - 603.859.7827

Dogs Name: _____ Age: _____ Breed: _____

Your Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone Number: (____) _____

E-Mail: _____

VETERINARIAN INFORMATION

Regular Vet: _____ Phone Number: (____) _____

Orthopedic Vet: _____ Phone Number: (____) _____

Chiropractor: _____ Phone Number: (____) _____

Acupuncturist: _____ Phone Number: (____) _____

Other: _____ Phone Number: (____) _____

Other: _____ Phone Number: (____) _____

Has your dog had a recent Injury? (yes) (no) (If yes, please describe below)

Has your dog had a recent surgery? (yes) (no) When? ___/___/___ By Whom? _____

Please describe your understanding of the surgery, what side it was performed on, etc....

Please describe and list the dates of any other older past injuries and surgeries.

How do you believe your dog should benefit from warm water exercise?

Does your dog have any problems with bowel or bladder control? (yes) (no) (If yes, please explain)

Please describe your beliefs about vaccinations and your vaccination schedule.

Please list methods, if any, that you use for flea control on your pet and at home.

Please describe your dog's home environment. (Where he spends the day and night.)

Do you have children? (yes) (no) If so, what are their ages?

Do you have other dogs? (yes) (no) (If yes, what are their names, breeds and ages?)

Please describe your dog's relationship with water? Have they been in a pool before this?

Does your dog enjoy swimming after toys? (yes) (no) (If yes, what type?)

Does your dog enjoy being held and massaged? (yes) (no) Please write additional comments below.

Please describe any emotional components of your canine friend that you would like me to be aware of so that I can better honor his/her boundaries and help him/her to be as comfortable and confident as possible during our sessions together.

What do you feed your dog? How many times a day do you feed? What times do you feed at?

What kind of treats does your dog enjoy?

If treats are given, how many and how often do you give them?

Please list supplements of any type that you give to your dog. Identify each supplement, how often given, reason given and by whom they were prescribed.

Please list any medications that you give your dog. Identify each medication, how often given, reason given and by whom they were prescribed.