

## **Client Information**

Owner's Name			Phone
Address			City/Zip
Dog's Name	_ Age	Sex	Breed
Diagnosis/Problem			
Other related problems			
*Date of injury	* Date of surgery		
Referring Vet	Phone		Primary Vet
Does your dog: $(+ = yes; - = no)$	)		
* Show aggressive behavior tow	ards dogs?	·/ t	owards humans?
* Have incontinence problems?		* Any sk	in conditions/ open wounds?
* Use flea control product? (We cannot allow a dog with fleas in the pool!)			
Additional information/clarificat	ion of abo		
, and the second		•	vaccine or titer dates. These must be current. ***  R ARE OUR BIGGEST CHALLENGES WITH THE POOL
of utmost importance that a dog has session. Be considerate of our generation	s pooped p rous home	orior to their s owners yards	swim. Please try to toilet your dog prior to arriving for your and property. Neurologically impaired and seniors are at most diately after a session—be ready to head to go to a designated
We ask that you spend 20-30 minute are not able to brush at home.	es "brush t	ime" before	your appt. We have a shedding blade available onsite for you if you
Note our 24 hour cancellation po	licy; there	is a \$45 char	ge for cancellations with less than a 24 hr. notice.
I understand my animals rehab will l rules necessary for this to be done as			with other people and animals. I have read and understand the I agree to follow these rules.
	DOGS M	IUST BE O	N LEASH AT ALL TIMES!
Signature:		Date:	Email: