

General Client Information

www.k9hydrotherapy.ca info@k9hydrotherapy.ca Phone 780-246-3076 Edmonton, AB

Dog's Name:	Age: _	Breed:	
Spayed or Neutered? YES	NO		
Your Name:			
Address:			
Home Phone:			
Work:	Email:		
VETERINARIAN/MEDICAL II (to be used in conjunction with		orm)	
Were you referred by a Veterina	rian? YES NO		
If Yes, by whom and for what.			
If No how did you find us?			
·			
Why are you visiting us today?			

Has your dog had a red	cent surgery? YES N	10	
When?	By Whom	?	
		rgery, what side it was	
Please describe and list	t the dates of any othe	er past injuries and surge	eries.
How are you hoping th		t from Warm Water The	
Does your dog have ar If Yes, please explain		l/bladder control? YES	
		any type that you give y	
Prescription/Supplement	nt How often?	Reason?	Prescribed By?

Please describe your donight?)	og's home environment	. (Where/How does he	spend the day? The		
Do you have any childr	en? YES NC) (If yes, wh	at are their ages?)		
Please describe your dog's relationship/experience with water.					
What type of exercise does your dog receive?					
Does your dog enjoy sv	vimming after toys?	YES NO	If yes, what type?		
Does your dog enjoy being held and massaged? YES NO Comments about that?					
Does or would your dog bite? Explain					
Please describe any additional concerns or points of interest about your dog that we should be aware of so that I can better honor his/her boundaries and help them to be as comfortable and confident as possible during our sessions together.					