



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: _____ Cell: _____

Work: _____ Email: _____

VETERINARIAN/MEDICAL INFORMATION

(to be used in conjunction with the Veterinary Release Form)

Were you referred by a Veterinarian? YES NO

If Yes, by whom and for what.

If No how did you find us? _____

Why are you visiting us today? _____

Please describe your dog's home environment. (Where/How does he spend the day? The night?)

Do you have any children? YES _____ NO _____ (If yes, what are their ages?)

Please describe your dog's relationship/experience with water.

What type of exercise does your dog receive?

Does your dog enjoy swimming 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.
