



# Swimmer's Information

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Your Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Referred By: \_\_\_\_\_

*(If someone you refer becomes a client, you receive \$10 gift certificate.)*

## Veterinarian Information

Regular Vet: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Orthopedic Vet: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Other: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

## Has your dog had:

**Injuries:**  Yes  No When: \_\_\_\_\_ **Surgery:**  Yes  No When: \_\_\_\_\_

Describe: \_\_\_\_\_

**Medical Conditions:**  Yes  No

Describe: \_\_\_\_\_

**Anxiety Issues:**  Yes  No

Describe: \_\_\_\_\_

How are you hoping that your dog will benefit from the swim session?

\_\_\_\_\_

Please describe your dog's relationship with water / bathing / swimming:

\_\_\_\_\_

Does your dog enjoy swimming after toys?  Yes  No If yes, what type? \_\_\_\_\_

Does your dog enjoy being held and massaged?  Yes  No  Not Sure

Please describe any emotional components (or anxiety issues) 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please Check ALL That Apply to Your Dog*

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Joint injury/lameness | <input type="checkbox"/> Rescue dog               | <input type="checkbox"/> Post surgery |
| <input type="checkbox"/> Hip/elbow dysplasia   | <input type="checkbox"/> Nervous around strangers | <input type="checkbox"/> Pre surgery  |
| <input type="checkbox"/> Spinal injuries       | <input type="checkbox"/> Aggressive behavior      | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Mobility problems     | <input type="checkbox"/> Cautious                 | <input type="checkbox"/> Withdrawn    |
| <input type="checkbox"/> Circulatory problems  | <input type="checkbox"/> Arthritic conditions     | <input type="checkbox"/> Shy          |

*Please list any medications that you give your dog:*

Medication How Often? Reason? Prescribed By?

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

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*Please select Yes or No below.*

**I grant SandDancer Canine Swim the right to use my and/or my dog's photo for advertising purposes on their website, brochures or other media.**

Yes  No

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

The information on this form is kept confidential and is solely used for SandDancer records and for your dog's safety.