

Splash Dog, Inc.

Canine Hydrotherapy & Wellness

Client Information

Last name: _____
Date: _____
First name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell: _____
Email: _____
Dog's name: _____ Age: _____
Breed: _____
Sex: _____ neutered/spayed? _____
Health conditions: _____

Veterinarian: _____ Phone: _____
Fax: _____
Email: _____

I accept the responsibility of payment of services provided by Splash Dog, Inc. I understand the nature of swim therapy, and the inherit risks taken in this treatment. I realize that swim therapy does not guarantee full recovery of my dog's specific ailments.

sign: _____

How did you here about Splash Dog, Inc.? Vet. referral / Internet / Advertisement / Friend / Other _____