

Date _____

Client Name _____

Address _____

Phone _____

E-Mail _____

Pet's Information:

Name _____ Date of Birth _____ Sex _____ Breed _____

Regular Veterinarian _____

Primary Diagnosis _____

Medical Conditions _____

Has your pet had any surgeries within the last 6 months? Yes No Date Performed __/__/__

If you answered yes; list surgeries and hospital in which it was preformed

Current Medications/ Supplements

- _____
- _____
- _____

Food or Medication Allergies _____

Special Considerations/ Precautions _____

Does your pet have any skin allergies/sensitivities? If so, please describe

Please describe what your pet's daily routine is like. Exercise, play time, walks and duration of walks?

Goals: Please mark the circle that best describes your visit

Weight Loss

Fun

Conditioning

Geriatric Support

Rehabilitation

Has your pet ever been swimming? Yes No **If so, do they like to swim? Yes No**

Does your pet like to retrieve toys? Yes No

Does your pet like to play with toys? Yes No

Because of our very intimate setting, are there any aggressive tendencies or any kind of biting or snapping history? Yes No

If so please explain: _____

Does your pet have insurance Yes No If so which company: _____

Augusta K9 Center would love to share your pet's photos or videos to our website, Instagram, or Facebook. Do you give consent to allowing us to share your pet's video or photo? Yes No

INDEMINTY, RELEASE and WAIVER

I, the undersigned, confirm that I am the owner or person responsible for the pet(s) brought into Augusta K9 Center. I understand that Augusta K9 Center is not a licensed Veterinarian facility. In

compliance with the Virginia State Law, Augusta K9 Center does not diagnose or cure specific ailments, perform surgery, or prescribe medications.

I also understand that swimming is not a replacement for proper veterinary care and that any injuries or diseases must be medically diagnosed and treated by the pet's Veterinarian. I further understand that a complete history is necessary for accurate treatment of any kind and that participation by the owner/handler is essential to achieving beneficial results. I understand that swim lessons consist of activities such as swimming, floating, stretching and gentle touch in the pool and that each session is dependent on the condition and age of the pet, the goals of the owner, the nature of the pet's injury (if any) and how the pet reacts to the water. Augusta K9 Center is not responsible for any injuries or illnesses incurred by myself or my pet (s) as a result of the use of the ramp and the pool, or use of any areas within the facility. I waive and release any such claims resulting from the use of the pool and the ramp, or use of any areas within the facility. I understand that Augusta K9 Center is/not responsible for any damages caused by my pet(s) to persons or to any property and is/are not responsible for any injuries or illnesses incurred by myself or to my pet(s) as a result of the use of the pool or the ramp, or use of any areas within the facility. I agree to indemnify and hold harmless Augusta K9 Center along with its owner and employees from any such claims.

I agree that payment is due in full at time of visit. All appointments require at least 24 hour notice of cancellation; this allows us to potentially fill that appointment time. There will be no charge for the first cancellation that occurs less than 24 hours prior to your scheduled appointment. Subsequent cancellations that are less than 24 hours prior to scheduled appointment will be charged to the client or deducted from their package.

Owner's Printed Name: _____

Owner's Signature: _____

Date: ____/____/____