



Client Questionnaire

Owner/Guardian _____ Phone _____

Mailing Address _____

City _____ St _____ Zip _____ Email _____

Dog's Name _____ Date of Birth _____ Male Female

Weight _____ Breed _____ Spayed/Neutered? YES NO

Do you regularly vaccinate your dog? YES NO

Primary Vet _____ Clinic Name _____

Clinic Phone _____ How did you hear about us? _____

Has your dog suffered any injury? If so, what and when? _____

Has the injury been evaluated by a veterinarian? _____

Has your dog undergone surgery? If yes, type of surgery, by whom and when? _____

Is your dog on any medications? If so, what and why? _____

Does your dog suffer from any medical conditions? i.e. Epilepsy, incontinence, skin disorders, etc. _____

Has your dog ever been swimming? YES NO

What is your goal for swimming your dog? _____

How does your dog react to being held or touched? _____

Are there any behavioral issues we need to be aware of in order to ensure proper handling, and allow your dog more comfort & confidence in this environment? _____

Please describe your dog's daily exercise routine. i.e. walk length/duration, crated, play time _____

What do you feed your dog? i.e. brand / daily amounts / treats _____

Do you give your dog supplements? If so, what kind _____

Do you have any other pets? _____

Will you need assistance with getting your dog from the parking lot into our facility? YES NO

We may ask you to assist us by holding your dog's collar as we guide them in/out of the pool. Do you have any physical restrictions that would prevent you from climbing a small set of deck stairs and assisting us? YES NO

LIABILITY AGREEMENT:

I warrant that I am the owner or person responsible for the canine(s) brought to The Puddle, LLC for services, and therefore accept full liability and responsibility for damages to property, injury or death to myself, people or other animals arising out of use of the facility and my actions, along with the actions of my canine(s), and accordingly agree to indemnify and hold harmless, The Puddle, LLC, its owners and employees for money damages and attorney fees.

I understand that The Puddle, LLC is not a licensed veterinary facility and does not provide medical procedures. I agree that I am ultimately responsible for determining whether the swim services provided by The Puddle, LLC are appropriate for my dog(s).

I understand that if my dog defecates in the pool, the pool may have to be shut down to contain any damage. Depending on the severity of the damage, the pool may be closed for a minimum of 24 hours. For this reason, the swim session is cancelled, and payment is non-refundable. I, the owner, may be assessed a fee of \$150 to partially cover the cost of cleanup.

I understand and agree that payment in full is due at the time services are rendered. I understand and agree that an 8-hour prior notice of cancellation is required. I understand and agree that I am responsible for paying 50% of the cost of a scheduled appointment if I cancel with less than 8 hours notice, or no show.

I certify that I have read and understand this Agreement, and that the information set forth is true and correct. I agree to accept all the terms, conditions, and statements of this agreement, and any rules, regulations, policies and procedures of The Puddle, LLC.

Your full name _____ Date _____