



<b>Client Registration</b>					
Date: _____					
First Name:		Last Name:		Title:	
Street Address:				Apt#	
City				Zip	
Home Phone:	( )	Cell:	( )		
Work:	( )	Other:	( )		
Email Address:					
Will you have friends or helpers bring your pet for therapy?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please provide names and contact info:					
Would you like to receive confirmation phone calls for appointments?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Preferred Method of Contact: Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>					

<b>Patient Information</b>	
Name:	Breed:
Gender: M <input type="checkbox"/> F <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/>	Color/Markings:
Date of Birth (Age):	Friendly with other dogs and people? Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us a little bit about how you obtained your pet?	
Regular Veterinarian (For Annual Check-ups, etc.):	
List all veterinarians you would like updated on your pet's care:	

How did you hear about our facility?		
Veterinarian <input type="checkbox"/>	Facebook <input type="checkbox"/>	Yelp! <input type="checkbox"/>
Internet Search <input type="checkbox"/>	Friend/Relative: <input type="checkbox"/>	
Please tell us what brings you in to The Water Bark? (presenting concern for your pet):		

## SWIMMING PROTOCOLS

Please read and initial by each, and sign at the bottom.

\_\_\_\_\_ 1. **Please arrive 10 minutes before your appointment to walk your dog** to ensure he/she has fully relieved himself/herself. This is particularly important with paralyzed dogs, as they often cannot control their bowels/bladder and are more prone to accidents in the water. Also, please let us know if your dog is having diarrhea so we can reschedule the appointment, as we cannot allow the canine in the water for health and safety reasons. **There is a \$250 fee if your pet defecates in the pool**, because it will have to be drained and refilled, and all appointments will have to be rescheduled.  
(no flexi leashes allowed)

\_\_\_\_\_ 3. For the safety and comfort of each patient, our pool must remain extremely clean. To ensure this, we ask that you bathe your dog every other week and brush them for 10-15 minutes before your visit to remove as much hair as possible.

\_\_\_\_\_ 4. Please do not feed your dog for at least two hours prior the swim/rehab session. All dogs should exercise on an empty stomach.

\_\_\_\_\_ 5. If your dog is dirty or has mud or snow/ice on their paws, please do not use the pool as their bath! Take them to the wash station first to hose them off. A clean pool is a happy pool!

\_\_\_\_\_ 6. Please refrain from bringing other pets or small children with you if your dog is undergoing assisted swimming. This becomes very distracting for the dog and takes our full attention away from the dog we are working with.

\_\_\_\_\_ 7. The Initial Consultation will be up to 1 hour long. All standard assisted swimming sessions scheduled after the initial consultation are up to 30 minutes long, 5 minutes for pool entry, and 5 minutes for quick dry when completed, 20 minutes total swim time-be aware that some dogs may not be able to swim the entire 20 minutes time due to their physical condition.

\_\_\_\_\_ 8. Depending on your pet's weight, physical condition, and behavior, an additional technician may be required to assist with his or her swims in the pool. This could incur a \$20 fee.

\_\_\_\_\_ 9. We have a 24-hour cancellation policy. If you need to cancel or reschedule, please notify us at least 24 hours in advance, or you will be charged the full price of the session.

\_\_\_\_\_ 10. You will be contacted by email a day or two after your dog's sessions with a form to fill out and let us know how your dog responded to therapy. This feedback allows us to make adjustments to your dog's plan and dictates how fast or slow we should proceed during their next session. We can also add these notes in your dog's progress report for your Veterinarian.

I, \_\_\_\_\_ have read and agree to abide by the above protocols

Date: \_\_\_\_\_

**Consent for Photographs, Videotapes or Other Visual Media**

I, \_\_\_\_\_ hereby authorize The Water Bark LLC and its employees to take photographs, motion picture, videotapes or other visual media of my pet. It is my understanding that these may be used for: (initial all that apply)

\_\_\_\_\_ Patient Medical Records

\_\_\_\_\_ Sent to your Veterinarian for updates and referral information

\_\_\_\_\_ The Water Bark LLC educational, promotional and social media purposes

I hereby waive any and all rights that I may have in such visual media, including, but not limited to any claims for payments or royalties in connection with any of the uses approved by me as indicated by my initials above. I agree to make no claim to them now or in the future, and release The Water Bark LLC, its employees and consultants from any liability in connection with the approved use of these materials.

Any limitations which I wish to place on this consent are specified below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date