



Client Information

Dog's Name _____ Dog's Age _____ Sex _____ Breed _____

Your Name _____ Dog's Weight _____

Any Food/Treat Allergy? _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ - _____ - _____ E-Mail _____

How did you find us? Vet Referral Internet Search Social Media Other _____

VETERINARIAN INFORMATION

Primary Vet _____ Practice/Clinic _____
Telephone # _____

Other _____ Specialty _____
Telephone # _____

Other _____ Specialty _____
Telephone # _____

Reason for seeking service by Warm Paws: (check all that apply)

- Physical aging
- Mobility issues
- Arthritis
- Obesity or Weight loss
- Loosen tight muscles
- Improve muscle strength
- Increase endurance
- Improve range of motion
- Injury (**Requires Veterinary Approval**)
- Recent Surgery (**Requires Veterinary Approval**)
- Under Veterinarian care for other condition (**Requires Veterinary Approval**)
(specify) _____
- Other: _____

Please describe and list the dates of any recent or past injuries and surgeries.

How are you hoping your dog can benefit from warm water sessions?

Does your dog have any problems with bowel or bladder control? YES NO (if Yes please explain):

What do you feed your dog? _____
Feeding Schedule? _____

What kind of treats does your dog enjoy? _____
If treats are given, how often? _____

Please list any medications that you give your dog:

| Medication | How Often? | Reason? | Prescribed by? |
|------------|------------|---------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list any supplements that you give your dog:

| Supplement | How Often? | Reason? | Prescribed by? |
|------------|------------|---------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list methods used for flea and tick control on your dog and/or at home: _____

*** Please do not use topical flea/tick products on your dog within 5 days of your spa session**

Please list current Vaccinations:

| VACCINE | DATE |
|---------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please describe your dog's home environment (Where / How does he spend the day? Night?)

Any children? YES NO What are their ages? _____

Any other dogs? YES NO (If yes what are their breeds and ages?)

| Name | Breed | Age |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Does your dog: Like Swimming? _____

If so, does he like swimming after toys? _____

Enjoy being held and massaged? YES NO Comments: _____

Please describe any emotional components of your dog that you would like me to be aware of so that I can better honor his/her boundaries and help him/her be as comfortable and confident as possible during our sessions together.

Thank you for taking time to fill out this form!

The undersigned warrants he or she is the owner or person responsible for the dog(s) brought to Warm Paws LLC for services, and therefore accepts and promises full responsibility of this indemnity for damage to property, injury or death, people or other animals arising out of use of the grounds and spa by the undersigned and/or his or her dog(s) and accordingly agrees to indemnify Warm Paws LLC, and its owners for money damages and attorney fees; and further waives all personal claims and releases Warm Paws LLC