

Doggone Day Spaw, LLC

The Place Where Pets and Their People Can "Paws for Massage".

Dog's Name: _____ Birthdate/Age: _____ Breed: _____
Male Female Spayed or Neutered: _____ Weight: _____

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Day): _____ (Evening): _____ Cell: _____

E-Mail (Primary): _____ Secondary: _____

Veterinarian Information

Traditional Vet: _____ Telephone #: _____

Naturopathic Vet: _____ Telephone #: _____

Orthopedic Vet: _____ Telephone #: _____

Chiropractor: _____ Telephone #: _____

Acupuncturist: _____ Telephone #: _____

Other: _____ Telephone #: _____

Other: _____ Telephone #: _____

Has your dog had a recent injury? YES NO (If Yes, please describe below.)

Has your dog had recent surgery? YES NO When? _____ By Whom? _____
Please describe your understanding of the surgery, what side it was performed on, etc.

Please describe and list the dates of any other/older past injuries, surgeries, conditions, allergies, etc.

How are you hoping that your dog will benefit from canine warm water therapy?

Does your dog have any problems with bowel/bladder control? YES NO (If yes, please explain.)

Please describe your beliefs about vaccinations and your vaccination schedule.

Please list methods, if any, that you use for flea control on your pet and at home.

(Please continue on to next page.)

Please describe your dog's home environment. (Where/How does he spend the day? The night? Any special activities or games?)

Do you have any children? YES NO What are their ages? _____

Do you have any other pets? YES NO If yes, what are their breeds and ages?
Name Breed Age

Name	Breed	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your dog's relationship with water.

Does your dog enjoy swimming after toys? YES NO If yes, what type? _____

Does your dog enjoy being held and massaged? YES NO Comments about that?

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

What do you feed your dog? _____

Feeding schedule? _____

What kinds of treats does your friend enjoy? _____

If treats are given, how many and how often do you give them? _____

Please list supplements of any type that you give to your dog:

Supplement	How Often?	Reason?	Prescribed By?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any medications that you give to your dog:

Medication	How Often?	Reason?	Prescribed By?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where did you hear about Doggone Day Spaw, LLC? _____

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Pawlicies and Spaw Etiquette

Thank you for choosing Doggone Day Spaw, LLC for your pet's therapeutic needs. We want you and your companion animal(s) to experience a stress-free and relaxing session. To accommodate everyone and ensure your visit is as pleasant as possible, please read the following information.

Appointments

Please arrive approximately 15 minutes prior to your scheduled appointment time. This will allow time for your dog to go potty if s/he needs. Car rides can be stimulating and sometimes dogs will have the urge to pee/poop upon arrival. If you are late, your time will need to be shortened since the pool house is generally booked after your session.

Appointments must be scheduled or cancelled a minimum of 24 hours in advance. Cancellations made less than 24 hours before the scheduled appointment will be charged the full amount for the session time. Please call (425) 246-2603 when making any appointment changes.

Comfort, Health, and Safety

You are responsible for your dog. All dogs MUST be on a leash at all times outside of the pool house. When encountering another canine, please do not allow your canine to rush up and greet the other canine without expressed consent from the owner.

Please be sure that your dog has a chance to go potty prior to his appointment. We absolutely cannot have poop in the pool.

Please do not feed your dog for three to four hours prior to his water therapy session. **THIS IS IMPORTANT!** Doing so will reduce the possibility of accidental defecation in the pool and will significantly reduce the chances of bloat. It is also important to give your pet an adequate potty walk or amount of time outside prior to your swim appointment. Please ensure that he/she has a bowel movement within that time frame. If not, please let the therapist know. If your canine has bowel incontinence issues, their bowels may need to be manually expressed.

Due to health considerations, we reserve the right to charge a fee up to \$300 if your dog defecates in the pool. This fee helps partially recover cleanup costs, draining of the pool (nearly 3,000 gallons), re-heating and re-balancing, etc. + loss of income due to facility closure (approximately 24 hours).

All dogs enter the pool at owner's own risk.

Only one dog is allowed in the pool at a time, and your dog must be kept in the pool house unless you are outside with him.

As a courtesy to other clients, please wait for the previous client to leave the pool house before entering the building.

Proper grooming and bathing is much appreciated by both our pool and our therapist. Please brush your dog thoroughly and bathe if needed prior to your appointment. In addition, we greatly appreciate it when your dog's nails are trimmed frequently.

Topical flea treatments are not waterproof, despite the manufacturer's claims. For the health and safety of all who use the pool, these chemicals are not allowed in the water. If you have applied a product to your dog's coat or skin, please contact us regarding the waiting period and preparation requirements. We will also be happy to discuss safer, more environmentally-friendly flea prevention methods.

The pool facility provides blow dryers, floating toys, and swimming aids, including doggy life jackets. You will need to provide two to three towels for your dog, and you may even wish to bring a blanket, doggy coat or T-shirt for use on the way home. This will help prevent your dog from getting chilled after his session.

Glass is not allowed in the pool house or changing room. In addition, electrical appliances are not allowed in the pool house.

The pool is CLOSED DURING HIGH WINDS.

Payment Pawlicy

Doggone Day Spaw, LLC currently accepts cash and personal checks, and payment is required at or before the time of service.

Acknowledgement

I have read and understand the above policies for use of Doggone Day Spaw, LLC's services.

Dated this _____ day of _____, 20

Signature _____

Printed Name _____

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Indemnity, Release and Waiver

I, _____, warrant that I am the owner or person responsible for the dog(s) brought in to receive massage and/or canine warm water therapy services at Doggone Day Spaw, LLC.

I understand that the activities in which I and my dog(s) engage through Doggone Day Spaw, LLC carry some risk, and it is my responsibility to act in a manner to reduce those risks, to judge whether the activity is appropriate for myself and my dog(s), and to accept the consequences of my actions and those of my dog(s).

I understand that Doggone Day Spaw, LLC leases the use of its pool facility from Mega-Dogs, owned by Karen Hunter. Further, I understand that Doggone Day Spaw, LLC's therapist operates independently and is not affiliated with Mega-Dogs.

I understand that the services provided by Doggone Day Spaw, LLC are not a substitute for veterinary care, and any medical questions or concerns I may have about the health of my pet need to be directed to a veterinarian.

I agree to indemnify Doggone Day Spaw, LLC, Michael and Avonna Goetting, Mega-Dogs, Karen Hunter, and their employees, agents, independent trainers, and independent therapists for any monetary damages arising out of the use of these facilities.

I further waive all personal claims and release Doggone Day Spaw, LLC, Michael and Avonna Goetting, Mega-Dogs, Karen Hunter, and their employees, agents, independent trainers, and independent therapists for damage, injury or death sustained by me or my dog(s), arising out of my participation in the activities and services of Doggone Day Spaw, LLC, or presence on or use of the premises where services are performed. I further waive subrogation claims of insurers.

Agreement for Payment and Cancellation Policy

I agree to pay for use of the facilities and Doggone Day Spaw, LLC's services according to the published prices. I understand that appointments cancelled less than 24 hours in advance are subject to cancellation fees amounting to the full price of the scheduled session.

Dated this _____ day of _____, 20____

Signature _____

Printed Name _____

Address _____

Telephone:

Home _____

Work _____

Cell _____

E-Mail:

Primary _____

Secondary _____