

Improving Your Dog's Life



One Splash at a Time!

Date: _____
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 #: _____

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 onto 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 other pets? YES NO If yes, what are their breeds and ages?

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 (over 3,000 gallons), re-heating and re-balancing, etc. + loss of income due to facility closure (approx. 24 hours).

All dogs enter the pool at the owner's 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.

For the health and safety of all who use the pool, topical flea treatments 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, checks, and debit or credit cards. Cash or checks are preferred, and payment is required at or before the time of service.

Acknowledgement

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

Date _____

Signature _____

Printed Name _____



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Facility Terms and Conditions

As partial consideration for my use of the facilities and/or services of Doggone Day Spaw, LLC, a Washington limited liability company ("Doggone Day Spaw"), I hereby agree as follows:

- (A) Health and Vaccines:** I understand that any medical questions or concerns that I have about the health of my dog or my dog's ability to engage in activities at Doggone Day Spaw need to be directed to a veterinarian. I accept full responsibility for determining whether I am, whether my guest(s) are, and whether my dog(s) are fit to take part in activities at Doggone Day Spaw. I hereby certify that my dog(s) are current on rabies vaccinations, and any additional vaccinations as recommended by my veterinarian and that I will keep my dog(s) current on all such vaccinations while using Doggone Day Spaw facilities. I also certify that, to the best of my knowledge, my dog(s) are in good health and free of parasites and free of communicable diseases. I agree to NOT BRING any dog to the premises of Doggone Day Spaw if I know or suspect that such dog has parasites or is otherwise ill.
- (B) Disclaimer and Waiver of Liability/Risk of Injury/Indemnification:** I understand that being around dogs and participating in activities at Doggone Day Spaw, including swimming, involves some risk of injury to my dog, myself, and my guest(s), and I accept these risks. I am not relying on Doggone Day Spaw or its managers, members, employees, volunteers or agents (collectively, the "Releasees") to prevent or reduce such risks or occurrences. I understand and accept full responsibility for the acts and activities of my dog(s), myself, and my guest(s) on the premises of Doggone Day Spaw or while otherwise enjoying the services of Doggone Day Spaw. I understand that even if Doggone Day Spaw decides to implement safety precautions, such actions shall not alter the fact that I have released Releasees from any duty to protect me, my guest(s), or my dog(s).

AS PARTIAL CONSIDERATION FOR THE SERVICES RENDERED BY DOGGONE DAY SPAW (INCLUDING MY ABILITY, MY GUEST(S) ABILITY AND MY DOG(S) ABILITY TO ENTER THE PREMISES OF DOGGONE DAY SPAW), I HEREBY WAIVE, COVENANT NOT TO SUE AND GENERALLY RELEASE RELEASEES FROM ANY AND ALL LOSSES, LIABILITIES, DAMAGES OR LIABILITY (INCLUDING, BUT NOT LIMITED TO, LIABILITY FOR INJURY, SICKNESS OR ILLNESS) SUFFERED BY ME, MY GUEST(S), OR MY DOG(S). AS PARTIAL CONSIDERATION FOR THE SERVICES RENDERED BY DOGGONE DAY SPAW (INCLUDING MY ABILITY, MY GUEST(S) ABILITY, AND MY DOG(S) ABILITY TO ENTER THE PREMISES OF DOGGONE DAY SPAW), I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD RELEASEES HARMLESS FROM AND AGAINST ANY AND ALL LOSSES, LIABILITIES, DAMAGES, FINES, PENALTIES, AND EXPENSES (INCLUDING ATTORNEYS' FEES AND VETERINARY COSTS AND EXPENSES) ARISING FROM OR RESULTING FROM ANY BREACH OF THE REPRESENTATIONS, WARRANTIES OR COVENANTS CONTAINED IN THIS AGREEMENT, OR OTHERWISE RELATED TO ANY AND ALL ACTIONS OR INACTIONS OF MYSELF, MY GUEST(S), OR MY DOG(S), WHICH MAY INCLUDE, WITHOUT LIMITATION, INJURY OR DEATH TO A PET OR ANIMAL AT THE DOGGONE DAY SPAW FACILITY OR INJURY OR DEATH TO A STAFF MEMBER OF DOGGONE DAY SPAW OR ANY OTHER MEMBER OF THE PUBLIC. IN NO EVENT WILL DOGGONE DAY SPAW BE HELD LIABLE FOR SPECIAL, CONSEQUENTIAL, EXEMPLARY OR PUNITIVE DAMAGES, EVEN IF ADVISED OF THEIR POSSIBLE EXISTENCE.

It is my express intent that the above release shall also bind the members of my family and all respective heirs, executors, administrators, legal representatives, successors and assigns and shall be deemed as a release, waiver, discharge and covenant to sue the Releasees.

- (C) Veterinary Release for Canine Water Therapy or Massage:** I will defer to my veterinarian (and not Doggone Day Spaw) to determine the safety of receiving Canine Water Therapy or Massage. I understand that the services provided by Doggone Day Spaw 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.
- (D) Facility Safety:** I understand that it is my responsibility to confirm that any equipment used is in good working order and that all pathways are safe. I will immediately notify Doggone Day Spaw of any safety concerns.
- (E) Pool Safety:** SWIMMING MUST BE DONE WITH EXTREME CAUTION AND WITH A DESIGNATED SUPERVISOR. I understand that all services provided at Doggone Day Spaw are by appointment only. I further agree to abide by all posted signs and placards and will ensure that my guest(s) do the same. I understand that Doggone Day Spaw recommends that all dogs and handlers wear a life jacket during their entire swim. People and dogs with medical contraindications or diseases dangerous to others are not allowed to use the pool.
- (F) Aggressive Animals:** I understand that dogs that are aggressive towards humans and/or animals are not allowed on Doggone Day Spaw facility premises. If my dog is exhibiting dangerous or aggressive behavior, including, but not limited to, biting or fighting, it must be immediately removed from the premises of Doggone Day Spaw.

- (G) Control of Animals:** I understand that I must maintain control of my dog(s) at all times while on the premises of Doggone Day Spaw and that, unless in a designated "off leash" area, my dog(s) must be kept on a leash at all times. I understand that all persons bringing a dog to the premises of Doggone Day Spaw remain liable for damage or injury inflicted by the dog and are subject to all applicable Washington State and local laws regulating dogs. I understand that no single handler is allowed to have more than 2 dogs on the premises of Doggone Day Spaw at one time.
- (H) Drugs and Alcohol Use Prohibited; No Smoking Policy:** I understand that people under the influence of alcohol, drugs, or other intoxicants are not allowed on the premises of Doggone Day Spaw. Further, I understand that Doggone Day Spaw has a policy against vaping, smoking, or other use of tobacco products while on the premises of Doggone Day Spaw (including, but not limited to, cigarettes, pipes, cigars, snuff, chewing tobacco, or marijuana). I agree to abide by, and will ensure that my guest(s) abide by, these policies.
- (I) Personal Items:** I understand that Doggone Day Spaw is not responsible for loss or damage to any personal items.
- (J) Minors:** Minors (children less than 18 years of age) may only use the Doggone Day Spaw services/facilities with the consent of a parent or guardian below and, for purposes of this Agreement, will be treated as a guest of such parent or guardian. All minors must be accompanied and supervised by a parent, guardian, or adult instructor at all times while on the premises of Doggone Day Spaw.
- (K) Clean Area:** I ensure that my dog's waste will be disposed of properly by me or my guest(s).
- (L) Third-Party Providers:** I understand that on occasion other therapists, practitioners, trainers, and other third-parties may perform services at Doggone Day Spaw as independent contractors and thus are not employees or agents of Doggone Day Spaw. Doggone Day Spaw does not endorse the services provided by these third-parties and shall not be held liable for the actions or inactions of such parties.
- (M) Payments and Cancellations:** I agree to pay for use of the facilities and Doggone Day Spaw's services according to the published prices. Further, 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.
- (N) Miscellaneous:** I will follow and uphold all additional posted policies of Doggone Day Spaw and will ensure that my guest(s) do the same. I understand that failure to follow the terms and conditions set forth in this agreement and all other posted policies of Doggone Day Spaw may result in a forfeiture of my right and my guest(s)' right to use the Doggone Day Spaw services and facilities. This agreement is governed by the laws of the State of Washington, without regard to conflicts of law principles. If any provision of this agreement is determined to be unenforceable, such provisions will be deemed severed and the remaining provisions of this agreement will continue in full force and effect. This agreement may be assigned by Doggone Day Spaw without my further consent. BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT, INCLUDING THE RELEASES, WAIVERS OF LIABILITY, ACCEPTANCE OF RISK AND INDEMNITY PROVISIONS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING AND HAVE DONE SO FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE AND INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW.

Date _____

Printed Name _____

Signature _____

Address _____

Primary Contact _____

Emergency Contact _____

Home _____

Phone _____

Cell _____

Email _____

PARENTAL CONSENT: As the parent or guardian of the above identified minor, being familiar with all terms, conditions, waivers and releases set forth in this Agreement, and having had the opportunity to consult with independent legal counsel, I hereby consent to my minor child's use of the facilities and/or services of Doggone Day Spaw and affirm the terms of this Agreement. I acknowledge and agree that I am fully responsible for the actions and inactions of my minor child and assume all risk of illness, injury and loss arising from or otherwise related to my child's use of the Doggone Day Spaw facilities or services upon the terms and conditions set forth in the Agreement.

Printed Name _____

Signature _____