



K9 Aquatic and Wellness Center

12948 Travilah Road

Potomac, MD 20854

Tel: 240-683-1100

K9AquaticCenter@gmail.com

CLIENT INFORMATION FORM

OWNER

Name: _____

Address: _____

Telephone Numbers:

H: _____ W: _____ C: _____

Email address: _____

YOUR DOG

Dog's Name: _____

Age: _____

Breed: _____

Male: Neutered

Female: Spayed

Color: _____

VETERINARIAN(S):

Regular Vet: _____

Tel: _____

Orthopedic Vet: _____

Tel: _____

PHYSICAL AND MEDICAL CONDITIONS

Recent surgery YES NO: Date: _____

If YES, describe: _____

Recent injury: YES NO Date: _____

If YES, describe: _____

Does your dog have any heart issues? YES NO

If yes, please have your veterinarian confirmed that your dog can swim.

Describe your dog in three words:

MEDICAL HISTORY

Date of last Rabies, 1 or 3 year: _____ Date of last Bordetella: _____

Date of last DHPPV 1 or 3 year: _____ Date of last Fecal: _____

YOUR DOG AND SWIMMING

Describe your dog's experience in water (pool, river/lake, ocean): _____

If YES, describe: _____

Does your dog retrieve in the water and what kind of toys: YES NO

Does your dog enjoy being held and touched: YES NO

Has your dog even bitten anyone: YES NO

If yes, please describe the circumstances: _____

Is your dog incontinent? YES NO

What is your goal and how do you think your dog will benefit from swimming?
