



Aquatic Fitness Spa, LLC

7637 Production Drive, Cincinnati, Ohio 45237

513-314-0685

Client Information

Dog's Name _____ Dog's Age _____ Breed _____
Your Name _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____ Cell Phone _____
E-Mail _____

Veterinarian Information

Regular Veterinarian _____ Telephone # _____
Veterinarian (specialist/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? _____

Describe your understanding of the surgery, what side it was performed on, etc.

Describe and list the dates of any other/older past injuries and surgeries.

Describe any other health problems.

Does your dog have any problems with bowel/bladder control? YES___ NO___ (If YES, Please Explain)

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.

Does your dog have any history of **aggressive behavior**? YES ___ NO ___ (if YES, please explain) _____

Thank you for taking the time to fill out this form!