



301 COMMERCE STREET, SUITE F
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Water Treadmill Client Information

NOTICE: Veterinary clearance *may* be required in order for your dog to participate in water treadmill exercise. This determination will be made in part or in whole based on your sincere and conscientious responses on this form. If your dog is over 8 years old or currently being treated for a medical or surgical condition, a veterinary input form *will be* required.

Dog's Name _____ Dog's DOB _____ Breed _____

Your Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Regular Veterinarian _____ Telephone _____

Other Veterinarian _____ Telephone _____

Has your dog had any injuries? YES NO (If YES, describe below)

Has your dog had any surgery other than routine spay/neuter? YES NO

When? _____ By whom? _____

Please describe the surgery and where on the dog's body it was performed.

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

Would you say your dog is at a healthy weight? YES NO

Has your veterinarian ever said your dog has a heart or lung problem? YES NO

Has your dog ever experienced seizures? YES NO

Has your dog ever been diagnosed with a neurologic disorder? YES NO

Is your dog pregnant? YES NO

Is your dog over the age of 8 years? YES NO

Does your dog have any bone, back or joint problems that may be aggravated by exercise? YES NO

Please list all medications your dog is currently taking:

Medication	How often?	Reason?	Prescribed by?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What type(s) of exercise does your dog regularly get?

Please describe your dog's relationship with water:

Is your dog motivated by food or toys? YES NO If YES, what type? _____

Is your dog comfortable with being lifted or handled? YES NO (If NO, please comment)

Has your dog ever shown aggression towards people or dogs? YES NO (If YES, please comment)

Please describe any emotional components of your dog that the attendant should be aware of to better honor your dog's boundaries and help him/her to be as comfortable and confident as possible during sessions.

Is there any other information you would like us to know about your dog?

May we exchange information about your dog with your veterinarian(s)? YES NO

Would you like us to periodically update your veterinarian on your dog's progress? YES NO

We would love to know how you heard about our facility (e.g., a friend's referral, Facebook, newspaper or magazine ad, vet referral, booth at a local event, etc.): _____

*** Please read and sign the attached waiver ***

