

**Agreement, Indemnity, Release & Waiver**

I, the undersigned, warrant that I am the owner or person responsible for the dog(s) brought to Swim Doggie Swim, LLC, a Washington limited liability company for canine warm water exercise services. Further, I understand that canine warm water exercise consists of activities such as swimming, stretching, and massage in the warm waters of a pool, and that each session is dependent on things such as the condition and age of the dog, the expertise and experience of the therapist, the goals of the owner, the nature of the dog's injury, and where that dog is emotionally in the water.

I also understand that Swim Doggie Swim, LLC, does not diagnose, prognose or treat diseases, deformities, defects, wounds and injuries or provide mechanical therapy that are restricted to the field of veterinary medicine.

I understand, am responsible for, and agree to provide the therapist with the latest medical information, including underlying medical conditions, medications, veterinarian name and contact information, and veterinarian recommendations and limitations for the dog(s) brought to Swim Doggie Swim, LLC, for canine warm water exercise services. I agree that I am ultimately responsible for determining whether the canine warm water exercise services provided by Swim Doggie Swim, LLC, are appropriate for my dog(s).

Additionally, Swim Doggie Swim may refer clients to other programs and therapists whose location or availability may make them more suitable for a client. However, Swim Doggie Swim, LLC, is not responsible for these programs, pools or therapists. I understand and agree that I am responsible for determining whether those therapists and facilities are appropriate for my dog(s).

I accept full responsibility for any injury or damage, to persons, property or animals arising out of the use of the grounds, pool and actions & conduct of the undersigned as well as my dog(s). I accordingly agree to indemnify Swim Doggie Swim, LLC, a Washington limited liability company, employees, independent contractors & independent therapists, for money damages and attorney fees; and further waive all personal claims and release Swim Doggie Swim, LLC, its owners, employees, independent contractors and independent therapists for damage, injury or death sustained by me, arising out of my participation in the activities and services of Swim Doggie Swim, LLC, or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers.

**Cancellation Policy**

Swim Doggie Swim, LLC, requires a 48 hours' notice to cancel or reschedule swim sessions. A **NO SHOW** will be charged original amount for that scheduled swim session.

NOTICE: You or your pet may, on occasion, be videotaped, photographed and recorded while with us. If this occurs, Swim Doggie Swim, LLC shall be the sole owner of all copyrights and all proceeds. Your pet may be used in any and all media and in promotion, advertising, sale and publicizing and exploitation of Swim Doggie Swim at no cost to us.

This agreement is governed by Washington law and any disputes shall be resolved in Clallam County Washington.

Signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Printed name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_



Dog's Name \_\_\_\_\_ Dog's Age \_\_\_\_\_ Breed \_\_\_\_\_  
 Your Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**VETERINARIAN INFORMATION**

Regular Vet _____	Telephone # _____
Orthopedic Vet _____	Telephone # _____
Chiropractor _____	Telephone # _____
Acupuncturist _____	Telephone # _____

Who may I thank for the referral? \_\_\_\_\_

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 and surgeries.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If your dog has had any injuries or surgeries has your veterinarian given the approval for warm water therapy? YES NO (If yes, please describe any instructions or recommendations your veterinarian has given)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How are you hoping that your dog will benefit from spa therapy?

---

---

---

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

---

---

---

### Your Dog and Home Environment

Please describe your dog's home environment (Where/How does he spend the day? The night? )

---

---

---

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

Do you have any other dogs? 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 kind 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?
------------	------------	---------	----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

**Swim Doggie Swim USE ONLY (Notes/Modifications/Dates)**

---

---

---

---

---

---

---

---

---

---