



Paradise Pet Spa

Client Information Intake Form

Dog's Name: _____ Owner's Name: _____

Home #: _____ Cell #: _____ Email: _____

Veterinarian: _____

Spa Service (Circle One): Massage Therapeutic Swim Fun Swim

How are you hoping your dog will benefit from spa therapy? (Circle all that apply)

1. Rehabilitation
2. Weight Loss
3. Exercise & Fun
4. Preventative Exercise
5. Learn to swim
6. Relaxation & Pampering

Does your dog know how to swim? YES/NO

-If yes, has your dog ever had warm water therapy? YES/NO

Does your dog enjoy swimming after toys and/or treats? YES/NO

Does your dog have any problems with bowel/bladder control? YES/NO

Does your dog have any allergies or sensitivities of any kind? YES/NO

-If yes, please explain:

Are there any behavioral issues we should be aware of? YES/NO

-If yes, please explain:

Does your pet have any existing or previous health conditions? YES/NO

If yes, please list them (ie: heart problems, seizures, cancers, respiratory conditions etc.):

Continued on next page

Has your dog had a recent injury and/or surgeries? YES/NO

If yes, please explain:

Please describe and list dates of any past injuries and/or surgeries:

Please list any supplements and/or medications you are currently giving to your pet:

Can we contact your veterinarian if we have any further questions regarding your dog's participation in warm water therapy or massage therapy? YES/NO