



### **K9 AQUATICS SPA POLICIES AND RELEASE**

Thank you for choosing K9 Aquatics, Inc. We have strived to make our spa inviting and comfortable to that your visit is a pleasant and enjoyable one for you. Since we are located in a private residence, please respect our neighbors and our spa by complying with the following spa policies:

#### **Your Arrival at K9 Aquatics**

- 🐾 When you arrive, please wait for the prior client to leave before exiting your car. If the prior session is running a little late, please know that you will always be entitled to your full session time.
- 🐾 Please make sure that your dog goes potty prior to your appointment. You may use our designated potty area (grass on either side of the brick path). Please respect our neighbors and do not allow your dog to go potty in our neighbor's yards. Doggy waste bags are provided so please pick up after your dog and discard the bag in the designated trash can. Note: After a warm water session, your dog will probably need to go potty. If you have more than one dog, please take your dog to the designated potty area to relieve itself after its session.
- 🐾 Due to health considerations, we reserve the right to charge you up to a \$300 cleaning fee if your dog defecates in the pool. If this occurs, we must drain and refill the pool and this means that we must reschedule our other client's appointments for the next 24 hours.
- 🐾 For the safety of your dog, please keep your dog on leash when outside the spa. The City of Sammamish does observe a leash-law policy.

#### **In The Spa**

- 🐾 Only one dog per person (with a maximum of two dogs and two people) is allowed in the water at one time. If you have more than one dog with you, please keep the dog that is not in the water on a leash, in the provided crate or in your car.
- 🐾 Please do not allow your dog to run loose in the spa while you are in the water. All dogs must be in the water with you or restrained.
- 🐾 Please do not allow your dogs on the furniture.
- 🐾 No food is allowed in the spa or water at any time.
- 🐾 Towels and a dryer are provided for your use. If you wish to dry your dog after the session, please leave yourself enough time so that the next client can start their session on time. You may wish to bring towels or blankets for the ride home if you choose not to use the dryer.

#### **In General**

- 🐾 Please let us know of any health changes to your dog. Some conditions may limit the amount of exercise or exposure to warm water your dog should have. Note: You should always discuss warm water exercise and massage with your vet if the health of your dog changes.
- 🐾 Prior to any exercise program or activity, it is advised that you do not feed your dog for four hours prior to and one hour after the appointment. Note: You should check with your veterinarian to see if this is acceptable for your dog.
- 🐾 You are responsible for the actions and well being of your dog while on the premises.
- 🐾 Please let us know if there is anything we can do to make your experience more enjoyable.
- 🐾 Please respect our spa, our private residence and our neighborhood.

#### **Agreement for payment and cancellation policy:**

Please be aware that cancellations made less than 24 hours in advance may incur a charge unless we are able to fill the appointment. As long a notice as possible is very much appreciated. If you fail to show up for your appointment and do not cancel or reschedule, we reserve the right to not book future sessions.

#### **Indemnity, Release and Waiver (to be signed by all people entering the water)**

I, the undersigned, warrant that I am the owner or person responsible for the dog(s) brought in for services at K9 Aquatics, Inc., and therefore accept and promise full responsibility by this indemnity for damage to property or injury or death, people or other animals arising out of use of the grounds and spa and the actions and conduct of the undersigned and my dog(s), and accordingly agree to indemnify K9 Aquatics, Inc., and its owners, employees, independent contractors and independent therapists, for money damages and attorney fees; and further waive all personal claims and release K9 Aquatics, Inc., 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 K9 Aquatics, Inc., or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers.

Signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_



### Client Information Form

Dog's Name \_\_\_\_\_ Dog's Birthdate or Age \_\_\_\_\_ Breed \_\_\_\_\_  
Your Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_ May we contact you by text message? Yes \_\_\_ No \_\_\_  
Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Please let us know how you heard about K9 Aquatics? \_\_\_\_\_

Veterinarian Information	Telephone Number
Regular Veterinarian	
Orthopedic Vet/Surgeon	
Chiropractor/Acupuncturist	
Other	

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 (i.e...what side it was performed on, etc...)

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

Can we contact your veterinarian if we have any further questions regarding your dog's participation in a swim exercise program? YES \_\_\_ NO \_\_\_

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

Is your dog current on vaccinations (or titers): YES \_\_\_ NO \_\_\_ Method: Vaccinations \_\_\_ Titters \_\_\_  
If No, please explain:

Please list methods, if any, that you use for flea control on your dog and at home:

*(please continue on to next page)*



**Client Information Form  
(page two)**

Please describe your dog's relationship with water:

Does your dog enjoy swimming after toys? YES \_\_\_ NO \_\_\_ If yes, what type? \_\_\_\_\_

Please describe any emotional components of your canine friend that you would like us to be aware of so that we 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 dog enjoy? \_\_\_\_\_

Does your dog have any food (or other) allergies? \_\_\_\_\_

Please list any supplements or medications of any type that you give to your dog:

Supplement/Medication	How Often	Reason

Is there anything else you would like us to know about your dog?

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

FOR SPA USE ONLY (Notes/Modifications/Dates)

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