



Augustak9trails

Canine Hydrotherapy & Trail Adventures

Phone: (540) 688-3971
info@augustak9trails.com
Augustak9trails.com

Date _____

Client Name _____

Address _____

Phone _____

E-Mail _____

Patient Information:

Name _____ Date of Birth _____ Sex _____ Breed _____

Regular Veterinarian _____

Primary Diagnosis _____

Medical Conditions _____

Has your dog had any surgeries within the last 6 months? Yes No Date Performed __/__/__

If you answered yes; list surgeries and hospital in which it was performed

Current Medications/ Supplements

- _____
- _____
- _____

Food or Medication Allergies _____

Special Considerations/ Precautions _____



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Does your dog have any skin allergies/sensitivities? If so, please describe

Please describe what your dog's daily routine is like. Exercise, play time, walks and duration of walks?

Has your dog ever been swimming? Yes No If so, do they like to swim? Yes No

Does your dog like to retrieve toys? Yes No

Does your dog like to play with toys? Yes No

Because of our very intimate setting, are there any aggressive tendencies or any kind of biting or snapping history? Yes No

If so please explain: _____

Augustak9trails would love to share your pet's photos or videos to our website, Instagram, or Facebook. Do you give consent to allowing us to share your pet's video or photo? YES NO

INDEMINTY, RELEASE and WAIVER

I, the undersigned, confirm that I am the owner or person responsible for the dog (s) brought into Augustak9trails, LLC. I understand that Augustak9trails, LLC is not a licensed Veterinarian facility. In compliance with the Virginia State Law, Augustak9trails, LLC does not diagnose or cure specific ailments, perform surgery, or prescribe medications.

I also understand that swimming is not a replacement for proper veterinary care and that any injuries or diseases must be medically diagnosed and treated by the dog's Veterinarian. I further understand that a complete history is necessary for accurate treatment of any kind and that participation by the owner/handler is essential to achieving beneficial results. I understand that swim lessons consist of activities such as swimming, floating, stretching and gentle touch in the pool and that each session is dependent on the condition and age of the dog, the goals of the owner, the nature of the dog's injury (if any) and how the dog reacts to the water. Augustak9trails, LLC is not responsible for any injuries or illnesses



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incurred by myself or my dog(s) as a result of the use of the ramp and the pool. I waive and release any such claims resulting from the use of the pool and the ramp. I understand that Augustak9trails, LLC is/not responsible for any damages caused by my dog(s) to persons or to any property and is/are not responsible for any injuries or illnesses incurred by myself or to my dog(s) as a result of the use of the pool or the ramp. I agree to indemnify and hold harmless Augustak9trails, LLC alone with its owner and employees from any such claims.

I agree that payment is due in full at time of visit. All appointments require at least 24 hour notice of cancellation; this allows us to potentially fill that appointment time. There will be no charge for the first cancellation that occurs less than 24 hours prior to your scheduled appointment. Subsequent cancellations that are less than 24 hours prior to scheduled appointment will be charged to the client or deducted from their package.

Owner's Printed Name: _____

Owner's Signature: _____

Date: ____/____/____