## **CLIENT INTAKE FORM**



Please complete the attached forms. Thank you for helping make our clinic a safe and fun place for all dogs and owners!

Note: Rocket Dogs does not share or sell your contact information. All information is confidential.

Client Information						
Client Name			Other Guardian			
Client Address			City		State	Zip
Client Mobile Phone	Client Work Phon	ne		Client Emai	il	
Pet Information						
Pet Name		Bre	eed			
Date of Birth	Sex Male	] Fer	male	Spay/Neute	er 🔲 No	
Family Veterinarian Name		Clir	nic Name			
Has your dog harmed any person or sh  ☐ Yes – If yes, please provide details						
Vaccinations (Check all that apply)						
☐ Rabies – Expiration Date		_	☐ Distemper – Exp	iration Date		
☐ Da2ppcpv – Expiration Date		_	☐ Bordetella – Exp	iration Date		
☐ Giardia – Expiration Date		_				
Current Health Information						
Does your dog have any condition that or have a need for daily medication?  Yes – If yes, please provide details		are o	f such as recent surge	ry, injuries,	treatment, been s	ick lately
Current Medications (if applicable)						

Reason For Visit
☐ Rehabilitation Swimming ☐ Recreational Swimming
For recreational swimming only:  Dog is healthy and not under treatment at this time
How Did You Hear About Us?
☐ Friend
□ Vet
☐ Other Dog Healthcare Provider
☐ Promotion – Name of Source
☐ Web Search – Search term used
Advertising – Name of source
☐ Other –
Newsletter Mailing List
Do we have your permission to add you to our Rocket Dogs newsletter mailing list (i.e. monthly specials, holiday theme parties, fundraisers, contests, game days, etc.)?  Yes No
Contact Information For Appointments
Let us know how you would like to be contacted with appointment reminders     Email
☐ Text Message
☐ Phone (Check Only One) — ☐ Mobile ☐ Home ☐ Work

## **Additional Pet**

Pet Information			
Pet Name		Breed	
Date of Birth	Sex Male	] Female	Spay/Neuter  Yes No
Family Veterinarian Name		Clinic Name	
Has your dog harmed any person or show Yes – If yes, please provide details	vn aggressive be □ No	ehavior towards any person	or any other dog?
Vaccinations (Check all that apply)			
☐ Rabies – Expiration Date		☐ Distemper – Exp	iration Date
☐ Da2ppcpv – Expiration Date		☐ Bordetella – Exp	iration Date
☐ Giardia – Expiration Date		_	
Current Health Information			
Current Health Information  Does your dog have any condition that wor have a need for daily medication?  Yes – If yes, please provide details	e should be awa	are of such as recent surge	ry, injuries, treatment, been sick lately
Does your dog have any condition that wo or have a need for daily medication?		are of such as recent surge	ry, injuries, treatment, been sick lately
Does your dog have any condition that wor have a need for daily medication?  Yes – If yes, please provide details		are of such as recent surge	ry, injuries, treatment, been sick lately
Does your dog have any condition that wor have a need for daily medication?  Yes – If yes, please provide details  Current Medications (if applicable)  Reason For Visit	□ No	ming	ry, injuries, treatment, been sick lately ease provide details

## **LIABILITY AGREEMENT**



Please initial each line to indicate you have read and understood the information provided.

	I understand and agree that in admitting my dog to the use of its facility, Rocket Dogs has relied on my representation that my dog is in good health or I have disclosed any known health issues.
	I have documented any issues in the past of harm, aggression or threatening behavior towards any person or any other dog.
	I understand and agree that the staff of Rocket Dogs is not engaged in the practice of general veterinary medicine.
	I understand and agree that Rocket Dogs, its staff and volunteers, will not be liable for any problems that arise out of my or my dog's use of Rocket Dogs' facilities and I hereby release them from liability of any kind whatsoever in regards to my dog(s) attendance and participation at Rocket Dogs.
	I understand that I am solely responsible for any harm caused by my dog(s) while my dog is utilizing the facilities of Rocket Dogs. This includes any harm to persons and/or other dogs as well as to the physical property of Rocket Dogs.
	I understand and agree that any problems that develop with my dog will be treated as deemed best by the staff and volunteers of Rocket Dogs, in their sole discretion. I assume full financial responsibility for any and all and all expenses involved including injuries to persons and/or dogs, and damages to the facility.
	I understand that if an injury caused by my dog or to my dog will only be treated if it is considered to be of a serious nature as determined by Rocket Dogs staff in its sole discretion. In the event that treatment is administered, I accept full responsibility for financial obligation of treatment to my dog and any dog injured as a result of my dog's behavior.
	I understand that I am responsible for paying $100\%$ of the cost of a scheduled appointment if I cancel with less than 24 hour notice.
☐ Yes ☐ No	I grant to Rocket Dogs, its representatives and employees the right to take photographs of me and my dog in connection with any Rocket Dogs services. I authorize Rocket Dogs, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Rocket Dogs may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I agree that there are inherent risks to me associated with use of the Rocket Dogs facilities arising out of or associated with use and conditions, such as swimming, wet floors, exercise mats, and other dogs. In consideration for Rocket Dogs granting me permission to use these facilities, I agree to release Rocket Dogs from liability arising out of or associated with such use, and hereafter waive any and all claims which may arise out of or be associated with such permissive use of the Rocket Dogs facilities.

I certify that I have read and understand this Agreement, and that the information set forth above is true and correct. I agree to accept all the terms, conditions, and statements of this agreement, and any rules or regulations of Rocket Dogs.

Signatures	
Owner	Date
Accepted By Rocket Dogs	Date

## **SWIM AND PLAY RULES**



- All dogs must be leashed while in the clinic except when in the pool area.
- Make sure your dog is clean before swimming in the pool or using the rehab equipment.
- Owners assume full responsibility for their dog (s) and his/her behavior while in the clinic, including their dog's interaction with other dogs.
- All gates to pool must be closed at all times.
- Dogs must not be left unattended at any time in the pool area.
- Children must be under parental control at all times. No food or treats in the pool area.
- For everyone's safety, no sharp objects allowed in the pool or clinic.
- Rocket Dogs personnel reserve the right to ask overly aggressive dogs to either take a time-out or to leave the premises altogether.
- For general health reasons, no females in heat.
- If your dog is cranky or has a lot of doggy personality, please ask for assistance from Rocket Dogs personnel. We will help facilitate interaction with other people and dogs.
- Incontinent dogs are not permitted in Rocket Dogs' pool for health reasons.
- Please let Rocket Dogs personnel know if there is an accident in the pool or any clinic area so it can be cleaned up. (Pee/Poop/Vomit)
- No throwing dogs into the pool.
- No running by humans on deck or around pool.
- Walk your dog prior to entering the pool and take your dog outside every 10-15 minutes while swimming. Repeated in-pool/pool area accidents may result in a pool ban for your dog.
- Pool and ramp into pool are restricted to Rocket Dogs personnel and dogs.
- The pool deck is not for play. If your dog is disruptive on the deck you will be asked to leave.
- Please make sure your dog does not obstruct the ramp for other dogs. Throw toys for your dog(s) to keep them from standing on the ramp for extended periods of time.
- If your dog needs additional help after the initial swim, the rate for swims with assistance will apply.

I certify that I have read and understand the above rules.

Signatures	
Owner	Date