



Swim Center & Dock Diving Facility
 Business Phone?
 tonopaws@gmail.com • www.tonopaws.com

_____ Dogs Name

Cleared for Open Swim: Y N

CLIENT INFORMATION

First Name:	Last Name:
Spouse/Partner/Co-owner:	
Street Address:	City:
	Zip:
Home Phone:	Cell Phone:
Work Phone:	Emergency Contact:

CANINE INFORMATION

Name:	Age:
M/F:	Altered?:
Color/Markings:	Veterinarian:
Were you referred by your vet? Yes/No (If yes, why?)	Veterinarian Phone:
Date of last DHLP-P vaccine _____ Date of last Rabies vaccine _____ Proof on File: Y N	
List Any Physical / Medical Conditions: (including past injuries/surgeries)	

May we exchange information about your dog with your veterinarian(s)? Y N

Would you like us to periodically update your veterinarian on the progress of your dogs swim sessions? Y N

Does your dog have any problems with bowel/bladder control? Y N

Is your dog on medication? Y N If yes, what mediations? _____

Does your dog enjoy swimming? Y N

What type of exercise does your dog regularly get? _____

Has your dog every shown any aggression towards people or other dogs? Y N yes, please describe.

Are you interested in assisted-swims, self-swims or both? _____

How did you hear about TonoPaws Swim Center & Dock Diving Facility? _____

Is there any other information you would like us to know about your dog?