

Waterdogs 
DAYCARE
& INDOOR DOG POOL

Client Info

Name of Dog: _____

Breed: _____ Age/D.O.B: _____

Male Female Neutered Spayed

Owners Name: _____

Address: _____

Phone #: _____

Email: _____

Current Vet/Clinic: _____

Clinic Address: _____

Phone #: _____

Is your dog on any medications? Please List _____

Does your dog have any issues/problems that may require extra care or training?

Yes No

If yes, please describe:

Has your dog ever shown aggression towards other dogs or people? Yes No

If yes, please describe:



Come • **Swim** • Play