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Pawtherapy K9 Aquatic & Massage Centre
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Hanover, Ontario
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K9 INFORMATION FORM

DATE: _____

Owner's Name(s): _____

Dog's Name: _____

Breed: _____ Colour/Markings: _____

Date of Birth (If known): _____ Age: _____

Weight: _____ (☐ lbs. or ☐ kg)

Gender: ☐ Female ☐ Male Spayed/Neutered: ☐ Yes ☐ No

Approx. Age at Time of Spay / Neuter Procedure: _____

Date of Vaccinations: _____
(Please provide a copy of your dogs most recent vaccination certificate)

Please check the behaviours/characteristics that best describe your dog:

☐ Happy ☐ Playful ☐ Jumping Bean / Excitable ☐ Outgoing

☐ Fearful ☐ Aggressive ☐ Submissive/Nervous ☐ Noise Sensitive ☐ Fear Biter

☐ Vocal (Whines/Barks) ☐ Separation Anxiety ☐ Food Motivated ☐ Toy Motivated

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Has your dog ever been swimming? Yes ☐ No ☐ If yes, was the experience: ☐ **Good** or ☐ **Bad**

Current Swim Regime (If any):

_____

_____

_____

Has your dog ever had a massage? Yes ☐ No ☐ If yes, was the experience: ☐ **Good** or ☐ **Bad**

Current Exercise Regime:

_____

_____

_____

Does your dog have any allergies/sensitivities?
(For example: food, environmental, medications, vaccines, etc.)

_____

_____

_____

History of Surgeries and/or Injuries throughout your dog's life:

_____

_____

_____

_____

Does your dog have any of the following conditions? (Please check all that apply, including any that they may have recovered from or are currently recovering from).

☐ Arthritis/Tendonitis ☐ Neck/Back Issues ☐ Hip/Knee Issues ☐ Elbow/Shoulder Issues

☐ Kidney Issues ☐ Liver Issues ☐ Skin Issues/Allergies ☐ Urinary Incontinence

☐ Cancer / Lipomas ☐ Diabetes ☐ Heart Problems ☐ Gastrointestinal Issues

☐ Paralysis ☐ Seizures/Epilepsy ☐ Open or Healing Wounds/Incisions

Is your dog on any medications and/or supplements? (If yes, please list accordingly):

1. _____

Current Dose: _____

2. _____

Current Dose: _____

3. _____

Current Dose: _____

4. _____

Current Dose: _____

5. _____

Current Dose: _____

6. _____

Current Dose: _____

7. _____

Current Dose: _____

8. _____

Current Dose: _____

9. _____

Current Dose: _____

10. _____

Current Dose: _____

Current Diet (ex. brand of food, wet/dry):

_____

Feeding Schedule ***(ex. 1 cup, 3 times per day):***

_____

_____

_____

Approximate Time(s) Your Pet Gets Fed Each Day:

_____

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

Additional Notes *(To be filled in by Pawtherapy):*