



The following information is requested as my first concern is always the health, happiness, and well-being of your pet. I do not diagnose or treat injuries, illness, or disease. Animal Massage does not take the place of proper veterinarian care.

Date: _____	
PET'S INFORMATION: Pet's Name: _____ Breed: _____ Age: _____ Weight: _____ M / _____ F Fixed? <input type="radio"/> Spayed <input type="radio"/> Neutered <input type="radio"/> Intact	CAREIVER INFORMATION: Caregiver's Name: _____ Cell Phone: _____ Email: _____

REASON FOR VISIT: *Canine Aquatics: **What are you goals for your dog?** Please circle all that apply:
 Fun - Exercise - Learn to Swim - Get Over Fear of Swimming - Overweight - Arthritic - Pre/Post Surgery -
 My dog: likes water - does not like water - likes bathes - likes sprinklers
 * **Please note:** Each pet is different and each session is tailored to meet the individual needs of your pet.
 All my swim sessions include light massage, stretch and Reiki.

PET'S CURRENT MEDICAL CONDITION:
 Current injuries / pain? _____
 Allergies? Yes No Skin Conditions? Yes No If yes, explain:

 Has your pet had recent surgery and/or injuries? Yes No If yes, please describe below:

Type of Surgery/Injury	Date of Surgery/Injury

Does TranquilPET have permission to contact any of the health providers listed above, should I have further questions regarding your pet's participation on any of our programs? Yes No
 Please list any medications and/or supplements you currently give your dog, including flea/tick* and heartworm preventatives.

Medication/Supplement	How Often?	Reason

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<p>*Massage: Has your pet ever received a massage? <input type="checkbox"/>Yes <input type="checkbox"/>No Did s/he like the massage? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, when and for what purpose: _____</p>	
<p>*Reiki: Has your pet been offered Reiki? <input type="checkbox"/>Yes <input type="checkbox"/>No Did s/he respond to Reiki? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, when and for what purpose: _____</p>	
<p>Is your pet sensitive to touch? <input type="checkbox"/>Yes <input type="checkbox"/>No Where? _____</p>	<p>Does your dog have any “no touch” zones? <input type="checkbox"/>Yes <input type="checkbox"/>No Where? _____</p>
<p>Who referred you? Why I ask? As a “thank you,” I offer a “free swim” when you become client</p>	<p>Vet / Friend / Client: Name: _____</p>
<p>Does your dog have issues/fears/dislikes with:</p> <p>Other dogs <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Strangers <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Men/Women <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Children <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Other <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>If yes, please explain: _____ _____ _____ _____</p>

***Please: NO TOPICAL FLEA/TICK PRODUCTS** within 5 days of your swim session as this product can leach into water and onto me and other dogs.

Please answer the following:	If yes, please describe?
Does your pet have problems with bowel and/or bladder control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your pet have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VACCINATION HISTORY:

PLEASE BRING COPIES OF YOUR PET’S CURRENT VACCINATION HISTORY OR EMAIL TO INFO@TRANQUILPET.COM

Flea and tick control medication: _____ If topical, date of last application* ____/____/____

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 All Tranquil Pet services by appointment only: please call to schedule



PET’S DIET AND EXERCISE PROTOCOL

Please describe your pet’s diet (include types of treats, how many, how often. _____)

Activities? Please check all that apply:

- Agility Obedience Flyball Hunting Frisbee
 Field Trial Show Noseworks Other: _____

Working? Please check all that apply.

- Police Drug Search/Rescue Service Other: _____

What is your pet’s feeding schedule? _____

PLEASE NOTE: Do not feed for at least 6 hours before swim.

Is your pet allowed to have treats? Yes No If yes, please list any restrictions due to allergies, etc. _____

What type of exercise does your pet get and how often? _____

NOTE: This is not a judgment; it is important to know so I do not overwork your pet if s/he does not get regular exercise

ADDITIONAL INFORMATION

Is there anything else that I should know about your pet? Yes No

If yes, what? _____

Initial I acknowledge that my pet is **not under a vet’s care for a current medical condition**, and, therefore, no Vet Approval Form is required

OR

Initial My pet **is under a vet’s care for a current medical condition** and I have discussed with my vet and have received his/her approval. My Vet Approval Form is attached.

Initial I UNDERSTAND THAT CANINE SWIMMING, ANIMAL MASSAG AND REIKI **DO NOT** TAKE THE PLACE OF PROPER VETERINARY CARE FROM A DOCTOR OF VETERINARY MEDICINE.

Signature: _____ Date: _____

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PLEASE INITIAL

- _____ **Swim Package Expiration Dates:**
5 swim package: expires 3 months from date of purchase
10 swim package: expires 5 months from date of purchase
- _____ **SWIM SESSIONS** must be paid in advance.
- _____ **CANCELLATIONS:** 24 hours’ notice required. Cancellations with less than 24 hour’s notice will be charged the full amount of their appointment time. If I am able to fill your time, then no cancellation fee.
- _____ **VET WRITTEN APPROVAL:** if your dog is a senior and/or under your vet’s care, your vet’s written approval is required (no exceptions) ... (their health always comes first).
- _____ **NO TOPICAL FLEA/TICK PRODUCTS** within 5 days of your swim session.
- _____ **NO-SHOWS** will be charged the full amount of their appointment time.
- _____ **NO FOOD** at least 6 hours prior to session. If your dog in incontinent (inability to control bladder or feces elimination), no feeding for 12 hours before session.
- _____ **MY POOL IS NOT A “BATHTUB”:** Please do not use your dog’s swim as his/her “bath.” A dirty dog makes the pool dirty for me and all other dogs. Please be courteous. (This does not mean you must bath your dog before a swim.) Thank you.
- _____ **BRUSH YOUR DOG:** Please brush your dog before each swim and keep their nails trimmed.
- _____ **POTTY YOUR DOG** before & after each swim session. (Poop bags are provided.)
- _____ **IF YOUR DOG IS INCONTINENT** (inability to control bladder/feces elimination): PLEASE EXPRESS THEM BEFORE ENTER POOL AND NO FEEDINGS 12 HOURS BEFORE SWIM.
- _____ **ARRIVE AT LEAST 5 MINUTES BEFORE YOUR START TIME** and “suit up” your dog. I am respectful of your and each client’s time. (Sorry, but late arrivals will cut your dog’s pool time short.)
- _____ **PLEASE BE CONSIDERATE** of dogs who may be injured, elder or reactive. If I ask you to wait outside or behind the gate, it is for the safety of you and your dog.
- _____ **LEASH YOUR DOG AT ALL TIMES.** Your dog must be leashed at all times - to/from your car; in the parking lot, as well as inside Swim Center.
- _____ **POOP/POOL DECONTAMINATION: \$300 per incident.** Pool will need to be emptied, cleaned, disinfected, etc.
- _____ **EXCESSIVE CLEAN UP:** Dollar value of one session will be charged, if we have to use the next appointment’s swim time to clean the pool after your dog. Please brush your dog and keep their nails trimmed.
- _____ **NO CHILDREN UNDER 10** allowed inside Swim Center.

By signing below, you acknowledge receipt of and adherence to the above policies

Signature: _____ Print Name: _____

Dated this _____ day of _____, 20____

Thank you for your cooperation!

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Informed Consent - Agreement, Indemnity, Release & Waiver

I, the undersigned, warrant and certify that I am the owner or person responsible for my pet(s) brought to Jean Brusavich, CAMT, owner and founder of TranquilPET, Canine Aquatics and Holistic Healing Center (hereafter referred to as Jean and TRANQUILPET).

I understand that the services offered by Jean and TRANQUILPET are not intended as a substitute for veterinary care, and consultation with a veterinarian is required for any matters relating to the health of my pet(s). Further, I understand that individual sessions and corresponding outcome are dependent upon the condition and age of my pet, my goals, the nature of my pet’s injury (if applicable) and my pet’s emotional and behavioral condition. I understand that Jean and TRANQUILPET do not diagnose or treat injuries, illness or disease, nor does Jean prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations.

I understand I am responsible for, and agree to provide, Jean and TRANQUILPET with up-to-date medical information, including underlying medical conditions, medications, veterinarian name and contact information, and veterinarian recommendations and limitations for my pet(s) brought to Jean and TRANQUILPET for any service offered. I agree that I am ultimately responsible for determining whether the services provided by Jean and TRANQUILPET are appropriate for my pet(s).

I further agree that I am responsible for any risk posed by undisclosed medical conditions. I understand that by allowing my pet(s) to participate in the services offered by Jean and TRANQUILPET, I give my permission for Jean and TRANQUILPET to take photographs, and/or videos, and to use the images or videos of my pet(s) in printed matter, internet sites, or other promotional or advertising capacities. Photographs and videos are the property of Jean and TRANQUILPET.

I accept full responsibility for any injury or damage, to persons, property or animals arising out of use of the grounds, facility, and pool, and the actions and conduct of the undersigned and my pet(s). Accordingly, I agree to indemnify Jean and TRANQUILPET for monetary damages and attorney fees; and further waive all personal claims and releases of Jean and TRANQUILPET, for damage, injury or death sustained by me, arising out of my participation in the activities and services of Jean and TRANQUILPET, or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers. As a client of Jean and TRANQUILPET, I understand that my pet(s) and any person(s) I bring onto the property are at my own risk.

It is my express intent that this Release and Hold Harmless Agreement shall also bind the members of my family and all respective heirs, executors, administrators, legal representatives, successors, and assigns, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California.

By signing below, I acknowledge that I have read and fully understand this Agreement, Indemnity, Release & Waiver.

Signature: _____ Dated this _____ day of _____, 20____

Print Name: _____

Pet’s Name: _____

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