



3760 S. Lipan St.
Englewood, CO 80110
Phone: 303-762-7946
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Email: info@dog-swim.com

INTAKE AND LIABILITY AGREEMENT

Please fill in the attached forms. Thank you for your understanding and help in making our clinic a great, safe and fun place for all dogs and owners!

Date: _____

Client Information

Name: _____
Address: _____
City, Zip _____
Email: _____

Home Phone: _____
Work Phone: _____
Alt. Phone: _____

Who else might be bringing your pet and what is their relationship to you?

Name: _____ Relationship: _____

Pet Information

First Pet

Name: _____
Breed: _____
Sex: Male ___ Female ___
Spay/Neuter Yes___ No___
Date of birth: _____

Vaccination Expiration Dates

Rabies: _____
Da2ppcpv: _____
Bordetella: _____
Giardia: _____

Please note all medications you currently give your dog: _____

My dog is healthy and not under treatment at this time. ___ Yes ___ No, refer to below:

Please note if this dog is under any treatment provided by a vet or if there are health problems or concerns you would like us to be aware of: _____

Has your dog harmed any person or shown aggressive behavior towards any person or any other dog? ___ No ___ Yes, refer to below:

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, CRCC has relied on my representation that my dog is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

_____ My dog is authorized to participate in the activities I have checked below, subject to this Liability Agreement:

- Exercise and Conditioning
- Recreational Swimming
- Rehabilitation
- Training Classes

_____ I understand and agree that the staff of CRCC is not engaged in the practice of veterinary medicine.

_____ I further understand and agree that CRCC, its staff and volunteers, will not be liable for any problems that arise out of my or my dog's use of CRCC's facilities and I hereby release them of any liability of any kind whatsoever from my dog(s) attendance and participation at CRCC.

_____ I understand that I am solely responsible for any harm caused by my dog(s) while my dog is utilizing the facilities of CRCC. This includes any harm to persons and/or other dogs as well as to the physical property of CRCC.

_____ I further understand and agree that any problems that develop with my dog will be treated as deemed best by the staff and volunteers of CRCC, 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 further 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 CRCC 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 agree that there are inherent risks to me associated with use of the CRCC facilities arising out of or associated with use and conditions, such as swimming, wet floors, exercise mats, and other dogs. In consideration for CRCC granting me permission to use these facilities, I agree to release CRCC 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 CRCC 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 CRCC.

Owner's Signature: _____

Date: _____

**ACCEPTED by Canine
Rehabilitation and
Conditioning Clinic:** _____

Date: _____

Information about your Veterinarian

Clinic: _____
Address: _____
City, Zip _____

Vet Name: _____
Phone: _____
Email: _____

Services for which you have an interest

- Recreational Swimming
- Owner instruction
- Physical rehabilitation evaluation and treatment
- Hydrotherapy – Endless Pool
- Hydrotherapy - Treadmill
- Massage
- Stretching
- Electrical stimulation
- Strengthening/Conditioning
- Acupuncture
- Behavior
- Other _____

How did you hear about us?

- * Friend *Whom may we thank? _____
- Vet
- Other dog healthcare provider
- Promotion
- Web search
- Advertising
- Other _____

Do we have your permission to email you with non-promotional information?

Yes No

Do we have your permission to email you with promotional information?

Yes No

(Note: CRCG does not share or sell your contact information for marketing purposes.
All information is confidential.)

Additional pet(s)

Second Pet

Name: _____
Breed: _____
Sex: _____
Spay/Neuter Yes__ No __
Date of birth: _____

Vaccination Expiration Dates

Rabies: _____
Da2ppcpv: _____
Bordetella: _____
Giardia: _____

Please note all medications you currently give your dog: _____

My dog is healthy and not under treatment at this time. __Yes __ No, refer to below:

Please note if this dog is under any treatment provided by a vet or if there are health problems or concerns you would like us to be aware of: _____

Has your dog harmed any person or shown aggressive behavior towards any person or any other dog? __No __ Yes, refer to below:

Third Pet

Name: _____
Breed: _____
Sex: _____
Spay/Neuter Yes__ No __
Date of birth: _____

Vaccination Expiration Dates

Rabies: _____
Da2ppcpv: _____
Bordetella: _____
Giardia: _____

Please note all medications you currently give your dog: _____

My dog is healthy and not under treatment at this time. __Yes __ No, refer to below:

Please note if this dog is under any treatment provided by a vet or if there are health problems or concerns you would like us to be aware of: _____

Has your dog harmed any person or shown aggressive behavior towards any person or any other dog? __No __ Yes, refer to below: _____
