



HELPING YOUR DOG
FETCH MORE
OUT OF LIFE.

Client Intake

Please complete the attached forms. Thank you for helping make our clinic a safe and fun place for all dogs and owners!

Client Information

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

Date: _____
Mobile Phone: _____
Home Phone: _____
Work Phone: _____
Other Guardian: _____

Pet Information

Pet Name: _____
Breed: _____
Date of birth: _____
Family Veterinarian Name: _____
Current Medications: _____

Rabies/Distemper Expiration: _____
Sex: Male ___ Female ___
Spay/Neuter Yes ___ No ___
Clinic Name: _____

Current Health Information:

Does your dog have any condition that we should be aware of such as recent surgery, injuries, treatment, been sick lately or have a need for daily medication. ___ Yes ___ No, details:

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

How did you hear about us?

- Friend *Whom may we thank? _____
- Vet
- Other Dog Healthcare Provider: Name: _____
- Promotion Name of source: _____
- Web search Search Term Used: _____
- Advertising: Name of source: _____
- Other _____

Do we have your permission to add you to our CRGG newsletter mailing list?

ie: Monthly specials, Holiday theme parties, fundraisers, contests, game days, etc.

Yes No

(Note: CRGG does not share or sell your contact information. All information is confidential.)

Let us know how you would like to be contacted with appointment reminders:

Email, Text Msg, Phone (Mobile, Home, Work – check one)

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, CRCG has relied on my representation that my dog is in good health or I have disclosed any known health issues.

_____ I have documented any issues in the past of harm, aggression or threatening behavior towards any person or any other dog.

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

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

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

_____ I understand and agree that any problems that develop with my dog will be treated as deemed best by the staff and volunteers of CRCG, 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 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 CRCG 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 understand that I am responsible for paying 100% of the cost of a scheduled appointment if I cancel with less than 24 hour notice.

___ YES ___ NO I grant to CRCG, its representatives and employees the right to take photographs of me and my dog in connection with any CRCG services. I authorize CRCG, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that CRCG may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I agree that there are inherent risks to me associated with use of the CRCG facilities arising out of or associated with use and conditions, such as swimming, wet floors, exercise mats, and other dogs. In consideration for CRCG granting me permission to use these facilities, I agree to release CRCG 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 CRCG 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 CRCG.

Owner's Signature: _____

Date: _____


Accepted by CRCG: _____


Date: _____


Swim & Play Rules





Side One


 All dogs must be leashed while in the clinic except when in the pool and playground.


 Owners assume full responsibility for their dog (s) and his/her behavior while in the clinic, including their dog's interaction with other dogs.


 Dogs must not be left unattended at any time in the pool or playground area.


 Children must be under parental control at all times.


 No food or treats in the pool or playground area.


 CRCG personnel reserve the right to ask overly aggressive dogs to either take a time-out or to leave the premises altogether.


 If your dog is cranky or has a lot of doggy personality, please ask for assistance from CRCG personnel. We will help facilitate interaction with other people and dogs.


 Incontinent dogs are not permitted in CRCG's pool or playground for health reasons.


 Please let CRCG personnel know if there is an accident in the pool or playground area so it can be cleaned up.
(Pee/Poop/Vomit)

 Make sure your dog's paws are clean. The mud from the hills around the facility makes it impossible for us to maintain a clean facility for you. Urban Dogg offers a self-serve dog wash next door.

 All doors and gates to pool room must be closed at all times. Please do not slam the doors.

 No retractable leashes. If a dog is on leash in the playground area, the leash must be no longer than 6ft and owners must have the leash in hand at all times.

 For everyone's safety, no sharp objects allowed in the pool or playground.

 For general health reasons, no females in heat.









Please Initial: _____

Swim & Play Rules







Side Two

Swim

-  No throwing dogs into the pool.
-  No running by humans on deck or around pool.
-  Walk your dog prior to entering the pool and take your dog outside every 10-15 minutes while swimming. Repeated in-pool/pool area accidents may result in a pool ban for your dog.
-  The pool is available on a first-come-first-served basis during normal hours of operation.
-  Pool and ramp into pool are restricted to CRCG personnel and dogs.
-  The pool deck is not for play. If your dog is disruptive on the deck you will be asked to leave.
-  Please make sure your dog does not obstruct the ramp for other dogs. Throw toys for your dog (s) to keep them from standing on the ramp for extended periods of time.
-  If your dog needs additional help after the initial swim, the rate for swims with assistance will apply.

Please Initial: _____

Play

-  No outside toys.
-  No dogs or people allowed on window sill.
-  Dogs that have been in the pool must be thoroughly toweled off before entering the playground.
-  No food or treats allowed during open play time.

Please Initial: _____

Additional pet(s)

Pet Information

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:

Are you visiting us for Rehabilitation ____ or Recreational Swimming ____?

If recreational swimming:

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 of which you would like us to be aware:

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

Pet Information

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

Vaccination Expiration Dates

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