



CLIENT INFORMATION FORM

Today's Date: _____

Dog's Name: _____ Breed: _____ Weight: _____ Age: _____

Date of Birth: ____/____/____ Sex: M ☐ F ☐ Spayed/Neutered: Y ☐ N ☐
(mm) (dd) (yyyy)

Your Name: _____

Address: _____ City: _____ State: _____ Zip : _____

Phone: _____ Email Address: _____

Emergency Contact (Name & Number): _____

Reason for visit? _____

What are you looking to achieve? _____

How did you hear about Pawsitive Flow? _____

Veterinarian Information:

Primary Vet: _____ Phone: _____

Other: _____ Phone: _____

Medical Information:

Describe your dog's vaccination status: _____

List recent/current injuries, surgeries and medical conditions (within last 6 months): _____

List previous injuries, surgeries and medical conditions (more than 6 months ago): _____

List any medications that you give to your dog:

Medication

How often?

Reason?

Prescribed by?

List any supplements that you give to your dog:

Supplement

How often?

Reason?

Prescribed by?

If you use flea control on your dog (not required), what method(s) and how often? **(NOTE: Please do not bring your dog within 1 week of a topical flea treatment such as Frontline.)** _____

What do you feed your dog? _____

Feeding schedule? _____

INDEMNITY, RELEASE, and WAIVER The undersigned warrants that he or she is the owner or person responsible for the dog(s) brought in for services at Pawsitive Flow, LLC, and therefore accepts and promises full responsibility by this indemnity for damage to property, or injury or death to people or other animals arising out of use of the grounds and facility by the undersigned and/or his or her dog(s), and accordingly agrees to indemnify Pawsitive Flow, LLC and its owner, for money damages and attorney fees; and further waives all personal claims and releases Pawsitive Flow, LLC and its owner for damage, injury, or death arising out of the undersigned's participation in the activities and services of Pawsitive Flow, LLC, or presence on or use of the premises where services are performed; and further waives subrogation claims of insurers.

Signed: _____ Date: _____