



### **Agreement, Indemnity, Release & Waiver**

I, the undersigned, warrant that I am the owner or person responsible for the dog(s) brought to La Paw Spa, LLC for canine water therapy services. Further, I understand that canine water therapy consists of activities such as swimming, stretching, and massage in the warm waters of a pool, and that each session is dependent on things such as the condition and age of the dog, the expertise and experience of the therapist, the goals of the owner, the nature of the dog's injury, and where that dog is emotionally in the water.

I understand, am responsible for, and agree to provide the therapist with the latest medical information, including underlying medical conditions, medications, veterinarian name and contact information, and veterinarian recommendations and limitations for the dog(s) brought to La Paw Spa, LLC for canine water therapy services. I agree that I am ultimately responsible for determining whether the canine water therapy services provided by La Paw Spa, LLC are appropriate for my dog(s).

Additionally, La Paw Spa, LLC provides services at pools it does not own or manage. While La Paw Spa, LLC attempts to monitor and encourage the best water quality and building and grounds safety measures, it is not be responsible for the water quality or the safety measures at these facilities. Additionally, La Paw Spa, LLC may refer clients to other programs and therapists whose location or availability may make them more suitable for a client. However, La Paw Spa, LLC, is not responsible for these programs, pools or therapists. I understand and agree that I am responsible for determining whether those therapists and facilities are appropriate for my dog(s).

La Paw Spa, LLC also provides training for canine water therapists. This training can range from level 1 (beginner) training to advanced training. It is my responsibility to ensure that participation by my dog(s) is appropriate for the level of training class, and I understand and accept the additional risk should I agree to allow therapists in training to provide canine water therapy services in training sessions provided by La Paw Spa, LLC. If you are a student, you accept full responsibility for your own safety and the health and well being of the dog(s) in the class under your care.

I accept full responsibility for any injury or damage, to persons, property or animals arising out of use of the grounds & spa and the actions & conduct of the undersigned and my dog(s), and accordingly agree to indemnify La Paw Spa, LLC, and its owners, employees, independent contractors & independent therapists, for money damages and attorney fees; and further waive all personal claims and releases La Paw Spa, LLC, its owners, employees, independent contractors and independent therapists for damage, injury or death sustained by me, arising out of my participation in the activities and services of La Paw Spa, LLC, or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers.

### **Cancellation policy**

Cancellations for therapy sessions made less than 48 hours in advance will incur charges unless La Paw Spa, LLC is able to fill the appointment. If you are a student, cancellations for classes made less than 60 days in advance will only be refunded if La Paw Spa, LLC is able to fill your spot.

Signature _____	Dated this ____ day of _____, 20____
Printed name: _____	Telephone: _____
Address: _____	
_____	
Email Address : _____	



# La Paw Spa

Canine Warm Water Therapy

Dog's Name \_\_\_\_\_ Dog's Age \_\_\_\_\_ Breed \_\_\_\_\_  
Your Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

### VETERINARIAN INFORMATION

Regular Vet \_\_\_\_\_ Telephone # \_\_\_\_\_  
Orthopedic Vet \_\_\_\_\_ Telephone # \_\_\_\_\_  
Chiropractor \_\_\_\_\_ Telephone # \_\_\_\_\_  
Acupuncturist \_\_\_\_\_ Telephone # \_\_\_\_\_  
Other \_\_\_\_\_ Telephone # \_\_\_\_\_  
Other \_\_\_\_\_ Telephone # \_\_\_\_\_

Has your dog had a recent injury? YES NO (If Yes, please describe below)

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Has your dog had recent surgery? YES NO When? \_\_\_\_\_ By Whom? \_\_\_\_\_  
Please describe your understanding of the surgery, what side it was performed on, etc...

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Please describe and list the dates of any other/older past injuries and surgeries.

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How are you hoping that your dog will benefit from spa therapy?

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Does your dog have any problems with bowel/bladder control? YES NO (If YES, Please Explain)

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# La Paw Spa



Your Dog and Home Environment

(page two)

Please describe your beliefs about vaccinations and your vaccination schedule.

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Please list methods, if any, that you use for flea control on your pet and at home.

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Please describe your dog's home environment (Where/How does he spend the day? The night?)

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Do you have any children? YES NO What are their ages? \_\_\_\_\_

Do you have any other dogs? YES NO If yes, What are their breeds and ages?

Name	Breed	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your dog's relationship with water.

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Does your dog enjoy swimming after toys? YES NO If yes, what type? \_\_\_\_\_

Does your dog enjoy being held and massaged? YES NO Comments about that? \_\_\_\_\_

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Please describe any emotional components of your canine friend that you would like me to be aware of so that I can better honor his/her boundaries and help him/her to be as comfortable and confident as possible during our sessions together.

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Thank you for taking the time to fill out this form!

