Brooke’s Barks & Recreation

Pool Registration

*Please fill out and bring with you to your first scheduled swim session. Proof of vaccines must be submitted no later than 24 hours prior to your swim. If recovering from an injury or surgery, a vet will need to submit a release for canine warm water exercise.*

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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If your dog has had any injuries or surgeries, has your veterinarian given approval for warm water

therapy? YES NO (If yes, please describe any instructions or recommendations your veterinarian

has given)

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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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**Your Dog and Home Environment**

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

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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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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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What do you feed your dog?

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Feeding schedule? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of treats does your friend enjoy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If treats are given, how many and how often do you give them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list supplements of any type that you give to your dog:

Supplement How Often? Reason? Prescribed By?

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any medications that you give to your dog:

Medication How Often? Reason? Prescribed By?

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BB&R USE ONLY (Notes/Modifications/Dates)

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Brooke’s Barks & Recreation

Pool Rules

For the safety of all participants and staff:

* Only well-mannered dogs and their (well-mannered) handlers are allowed to participate.
* Dogs exhibiting aggressive behavior will be asked to leave with no refund given.
* Humans exhibiting abusive language or behavior will be asked to leave with no refund given.
* Proof of current vaccinations from your vet is required - including Rabies, Parvo/Distemper, and a 6 month Bordetella. (A Rabies tag is NOT enough!).
* Proof of current vaccinations must be submitted no later than 24 hours prior to your swim session.
* A vet release is required for any dog recovering from an injury or surgery.
* Each dog must be accompanied by a responsible adult handler age 18+.
* Handlers will be allowed in the pool only to help their dog or swim with their dog. You must have a dog with you to be able to swim.
* Limit one dog at a time per handler; use caution when leaving extra dogs in vehicles!
* For their safety, children under age 18 will not be admitted through the deck gate.
* No dogs in heat, or under four months old.
* Clean up after your dogs! (And take them out of pool house to poop.) Bags are provided.
* Dogs must wear flat buckle/snap collars when they are off-leash. No prong, choke or e-training collars will be allowed in the building.
* Full body harnesses and dog life vests are okay.
* Pool toys will be provided; to minimize risk of guarding, leave your dog’s toys at home.
* No human or dog food/treats in pool area; handlers may have non-alcoholic beverages.
* No glass containers.
* Anyone entering the pool will be required to sign a release of liability form.

\_\_\_\_\_\_(initial) I agree to the pool rules provided by Brooke’s Barks & Recreation as stated above. I further agree that breaking any of the pool rules will result in me and my dog(s) being removed from the pool, and that no refund will be given.

Agreement, Indemnity, Release & Waiver

I, the undersigned, warrant that I am the owner or person responsible for the dog(s) brought to Brooke’s Barks & Recreation, an Illinois limited liability company, for canine warm water exercise services.

Further, I understand that canine warm water exercise 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 lifeguard, the goals of the owner, the nature of the dog's injury, and where that dog is emotionally in the water.

I also understand that Brooke’s Barks & Recreation does not diagnose, prognose or treat diseases, deformities, defects, wounds and injuries or provide mechanical therapies that are restricted to the field of veterinary medicine.

I understand, am responsible for, and agree to provide the facility 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 Brooke’s Barks & Recreation for canine warm water exercise services.

I agree that I am ultimately responsible for determining whether the canine warm water exercise services provided by Brooke’s Barks & Recreation are appropriate for my dog(s).

Additionally, Brookes’ Barks & Recreation may refer clients to other programs and therapists whose location or availability may make them more suitable for a client. However, Brooke’s Barks & Recreation 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).

I accept full responsibility for any injury or damage to persons, property or animals arising out of the use of the grounds, pool, and actions and conduct of the undersigned as well as my dog(s). I accordingly agree to indemnify Brooke’s Barks & Recreation, an Illinois limited liability company, its employees, independent contractors and independent therapists, for money damages and attorney fees; and further waive all personal claims and release Brooke’s Barks & Recreation, 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 Brooke’s Barks & Recreation, or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers.

**Cancellation Policy**

Brooke’s Barks & Recreation requires a 48 hours’ notice to cancel or reschedule swim sessions. A NO SHOW will be charged the original amount for that scheduled swim session.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_