



CLIENT INTAKE

Welcome and thank you for giving us the opportunity to care for your dog. To ensure the best possible experience, please provide as much detail as possible.

Your Name _____

Phone _____

Circle One: Cell/Home/Work

Address _____

Email _____

Preferred Method of Communication

Circle One: Text/Email/Phone

How did you hear about MerMutts - who can we thank for referring you to us?

Dog Name _____

Date of Birth _____

Age _____

Breed _____

Spayed/Neutered Y/N

Veterinarian Clinic _____

Phone _____

Veterinarian Name _____

Specialist or Alternate Veterinarian Name and Phone _____

Alternative Care Provider (Chiropractor, Acupuncturist, Herbalist, etc.)

Name and Phone _____

Has your dog had a recent injury or illness? Y/N

Has your dog recently had surgery or scheduled for surgery in the near future? Y/N

Please provide details of your dog's condition (type of illness/injury, how injured, type of surgery and site):

Does your vet approve warm water therapy? Y/N

Were any specific instructions for treatment provided?

If not for illness or injury, what brings you and your dog to MerMutts?

Does your dog have bowel/bladder control issues? Y/N

Benefits you're hoping to gain from water therapy for your dog:

Tell me about a day in the life of your dog – where do they sleep – what types of exercise do they enjoy – when are meal times?

Has your dog ever bitten or been aggressive with:
Another animal? Y/N
Any person? Y/N

If so, please describe in detail:

Does your dog have any allergies? Y/N
Can your dog have treats? Y/N

What do you feed your dog (brand/type, how much per day)?

Is your dog on any supplements or medications?