



Client Registration		Date:									
Owners Name											
Address											
Postal Code:											
Home Phone:		Work Phone:									
Emergency Contact											
Email Address:											
Patient Information:		Weight:									
Name:		Sex: spay / Neuter	Is Dog Insured: Y / N								
Breed:		Date of Birth:									
Colour:		Vac. Expiry Date									
Regular Veterinarian		Phone:									
Orthopedic Vet		Phone:									
Chiropractor		Phone:									
Other:		Phone:									
Check those that apply: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Thrombophlebitis (blood Clot)</td> <td><input type="checkbox"/> Disturbances in cardiac rhythm</td> </tr> <tr> <td><input type="checkbox"/> Bacterial or viral infections</td> <td><input type="checkbox"/> Acute danger of hemorrhage</td> </tr> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Manifest Thrombosis</td> </tr> <tr> <td><input type="checkbox"/> Cardiac Pacemaker</td> <td><input type="checkbox"/> Heat sensitivities</td> </tr> </table>				<input type="checkbox"/> Thrombophlebitis (blood Clot)	<input type="checkbox"/> Disturbances in cardiac rhythm	<input type="checkbox"/> Bacterial or viral infections	<input type="checkbox"/> Acute danger of hemorrhage	<input type="checkbox"/> Cancer	<input type="checkbox"/> Manifest Thrombosis	<input type="checkbox"/> Cardiac Pacemaker	<input type="checkbox"/> Heat sensitivities
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How did you hear about us?											
<u>Indemnity, Release and Waiver</u>											
<u>Standard Industry Release</u>											
<p>I, the undersigned, warrants that I am the owner or person responsible for the dog(s) brought in for services at Canine Wellness Centre Inc., and therefore accepts and promises full responsibility by this indemnity for damage to property or injury or death, people or other animals arising out of use of the grounds and pool and the actions and conduct of the undersigned and my dog(s), and accordingly agree to indemnify Canine Wellness Centre Inc., and its owners, employees, independent contractors and independent therapists, for money damages and attorney fees; and further waive all personal claims and releases Canine Wellness Centre Inc., 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 Canine Wellness Centre Inc., or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers.</p>											
<u>Agreement for payment and cancellation policy :</u>											
<p>We will make an effort to assist you in keeping your appointments by providing you with your booking on our card. You also have the option of arranging with Tara to have a reminder phone call before your appointment. For a missed appointment or cancellation with less than 24 hours notice will result in a full session fee applied to your next visit.</p>											
Dated this ____ day of _____, 20__ Signature _____											



Have you sought other treatment modalities in the past? (acupuncture, chiropractic, massage etc.) and Results

Has your animal taken any of the following medications? Circle those that apply

Aspirin Tylenol Ibuprofen

Rimadyl Deramaxx Metecam Tramadol Gabapentin Other:_____

Glucosamine/chondroitin MSM Omega Fatty Acids (fish oils)

Adequan Hyaluronic Acid Cartrofen Other:_____

Summary of your dogs / condition (date occurred)

Previous orthopedic Surgery?

Does your dog seem to be experiencing pain? Please describe

Describe your dog's relationship / experiences with water

Please describe any emotional / behavioural components of your canine friend that you would like us to be aware of so that we can better honour his / her boundaries. This will help to ensure a comfortable and positive experience during your visits at the centre