SoxyDog Swimming ~ Client & Information Sheet

Client Name (must be over 1	18 years of age):	
Address:		
Cell Phone:	Email:	
Emergency Contact:		
Dog Name:	Age	
*Specify all past and present	injuries and surgeries.	
*Current on Rabies and Vacc	cines?	
*Free from Fleas and Ticks?		
PLE	EASE READ PRIOR TO SESSION!	
	present medical/surgical conditions will require terinary professional prior to swim session.	
*Dogs must be kept on lea	ash at all times going to and from the pool.	
_	efuse entry or dismiss aggressive dogs, muddy, matte ing to have fleas and/or ticks.	ed, or excessively
*A cancellation of 24 hour	rs or more will be greatly appreciated!	
-	iming of when they potty after they eat. ours prior to your swim session.	
	el you may need to assist your dog in the pool. we can walk the edge and swim them on leash.	
*BYOTTT (Bring your own	Towels, Treats, & Toys)!	
*Payment is due by the en	nd of each session. We accept Zelle or Cash.	
I, (sign here)	have read the rules above and ac	cept all terms.