

Last Name: _____

Dog(s) Name (s): _____



CANINE AQUA·THERA·FUN

Information and Enrollment Form

Owner(s) Name(s): _____

Address: _____

Phone: _____ Emergency Phone: _____

Email: _____

Is anyone else 18 or older authorized to bring/remove your dog(s)? Y N

If yes: Name: _____ Phone: _____

(Staff initials) Rules Signed: _____ Waiver signed: _____

Dog's Name: _____ Age: _____ Breed: _____

Sex: M F Spayed/Neutered? Y N Birthdate: _____

The Dog Dive Services: Grey Paws Free Swim Water Works

* You will need to sign Procedures/Rules and Waivers for each separate service

Benefits you hope to achieve through The Dog Dive?

Does this dog have bladder/bowel control problems? Y N

Describe: _____

Describe your dog's temperament: (general mood, fears, favorite praise etc.)

Has this dog ever been in a fight, bitten another dog, or bitten a person? Describe:

Dog's Name: _____ **Age:** _____ **Breed:** _____

Sex: M F **Spayed/Neutered?** Y N **Birthdate:** _____

Does this dog have bladder/bowel control problems? Y N

Describe: _____

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Has this dog ever been in a fight, bitten another dog, or bitten a person? Describe:

Is there anything else you would like us to know?