



**Induction Form – To be completed by the Client prior to first swim**

**Client**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_

First Appointment	
Date: _____	Completed By: _____

Postcode: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

**Insurance**

Name of Insurer: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

**Dog Details**

Call Name: \_\_\_\_\_ Colour: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Sex: Dog/Bitch Neutered: Yes / No  
 Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Length of time with owner: \_\_\_\_\_ Rescue: Yes / No

Have You Previously Visited Another Hydrotherapy Pool? Yes / No (if so which one)

**Behavioural Issues (Please list any problems, quirks, likes, dislikes etc)**

Humans \_\_\_\_\_  
 Other Dogs \_\_\_\_\_  
 Character (Likes / Dislikes) \_\_\_\_\_

**Vet** Practice Name: \_\_\_\_\_  
 Veterinary Surgeon: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Referral Vet** Practice Name: \_\_\_\_\_  
 Veterinary Surgeon: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Medical History**

Date: _____	Operation, Injury, Medical Problems, Allergies, Diabetes, Epilepsy Etc – Please briefly list
Exercise:	
Medication:	
Vaccination Up To Date: _____	Yes / No Date of last vaccination: _____
Reasons Not Up To Date:	
Worming/ Flea Medication Up To Date: _____	Yes / No Date last administered: _____ Medication Name: _____

**PLEASE BE ADVISED YOUR DOG(S) WILL BE UNABLE TO SWIM IF THEIR WORMING AND DEFLEAING MEDICATION IS NOT UP TO DATE**



## Splash Terms and Conditions

Please read all this important safety information – it applies to our car park, external areas and the swimming pool area.

### Health and Safety – Humans

It has been explained to me that I may be asked to walk/run/participate in exercises/therapy to motivate my dog and I understand there are trip/slip hazards including other people and dogs present. I have been advised that I should wear suitable non slip footwear. I will inform Splash if I am unable/unwilling to participate. I will also inform Splash if I have any disability or medical condition that limits my ability to participate or puts me at greater risk or injury.

I understand that I am responsible for my children's safety and behaviour whilst they are on the premises and that they should remain seated in the swimming pool areas. My children will remain under my close supervision at all times and in all areas of the centre. I understand that I am responsible for the safety of people/visitors accompanying me whilst at Splash as they may not be familiar with procedures and hazards that I have been made aware of.

### Health and Safety – Dogs

- Always have a collar and/or harness on your dog. Dogs without collars pose a serious health and safety risk to members of staff, other clients and their dogs.
- Keep your dog on a lead at all times until a member of staff tells you that it is safe to release your dog or dogs. If you are not strong enough or have problems controlling your dog, please ask a member of staff for help.
- Always check with us before bringing your dog into reception – your dog might be wonderful with other dogs but not all dogs are. Please remember we have injured dogs on the premises that can feel threatened or could be hurt by normal friendly behaviour.

Staff members are under strict orders regarding collars and leads on dogs – please listen to them. These rules are for everyone's safety and comfort. Clients who have been warned and continue to ignore staff instructions to check before entering reception and / or control their dog(s) will not be allowed to continue using our facilities.

### Change of Circumstances

I will inform Splash of any changes to medication, any surgical procedures or changes in veterinary advice affecting my dog. I understand that any of these changes may affect the type and duration of treatment. I will inform Splash if my dog is receiving treatment elsewhere. E.g. physiotherapist, chiropractor, massage treatment, TTouch practitioner, etc. I will inform Splash immediately if my dog contracts any infectious or contagious disease (eg. Kennel Cough, Worms, Fleas)

### Discussion of Risk

Physical exercise together with the pressure of the water in the chest and abdomen can put more stress on your dog's cardio respiratory functions. If there is an undiagnosed cardiac or respiratory condition your dog could be at risk. Whilst all due care will be taken, if your dog has a diagnosed or undiagnosed spinal condition, there is a possibility their condition could be worsened by hydrotherapy.

### Cleanliness

If your dog poops – please clean up and dispose of in the buckets in the paddock.

Ask if you need a poop bag or help – we do not mind as accidents can happen with elderly, young, disabled dogs.

Use the designated paddocks to toilet your dog – please do not take them down the road as fast moving vehicles makes this dangerous. Using the grass verges is unpleasant and unhealthy for our neighbours, other people and wild and domestic animals.

### Appointments

#### Late Arrivals

Up to 15 minutes late – we will start to swim but your dog(s) will be required to leave the pool areas to enable the next clients appointments to start punctually.

Over 15 minutes late – we may let the next client start their dog(s) swimming and try to fit you in at the end of their appointment. This will not always be possible.

**In either case the full charge will apply**

#### Missed appointments

The full charge will apply

#### Cancellations

We require a minimum of 24 hours notice, otherwise the full charges will apply. You may notify us by telephone or email.

### DECLARATION:

I hereby give permission for my dog to receive treatment at Splash. I have given all relevant medical and behavioural history to Splash and believe the information given to be correct. I give all relevant medical and behavioural history to Splash and believe the information given to be correct. I give permission for Splash to exchange information with my veterinary practice about my dog's condition and /or behaviour. I will not bring any dog to Splash which has contracted or been knowingly exposed to any infectious or contagious disease. I agree to abide by all Terms and Conditions which have been explained and discussed with me by:

Signature of member of staff \_\_\_\_\_

Signature of owner of dog \_\_\_\_\_

Relationship to owner (if agent) \_\_\_\_\_

Date \_\_\_\_\_