



Essex Animal Hospital Dog Swim Registration  
PLEASE FAX COMPLETED FORM TO 519-776-5405

Is your dog a patient of the Essex Animal Hospital **YES/NO**

Dog's Name: \_\_\_\_\_ Sex: **MALE/FEMALE**

Spay/Neutered? **YES/NO**

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Does your dog have any health problems? **YES/NO**

If **YES** please list all problems and give details

Does your dog have any known behavioural problems **YES/NO**

If **YES**

please give details (including whether your dog likes other dogs/people)

Has your dog swam before? (pool/lake/ocean)? **YES/NO**

Has anything ever happened to your dog that might make it scared of a pool environment (e.g. any sort of incident involving water/fear of enclosed spaces/fear of being touched by strangers/fear of slippery surfaces) **YES/NO**

If **YES**, please give details

Have you spoken with your vet about swimming your dog? **YES/NO**

Has your dog been vaccinated? **YES/NO**

Approx. date of last vaccination \_\_\_\_\_

*Please note that we do not require proof of vaccination but we do recommend kennel cough vaccine. As with all environments where multiple dogs meet, there is always a risk of disease. Please be vigilant in matters of health and hygiene both in and out of the pool*

Has your dog had a negative fecal exam within the last 12 months? **YES/NO**  
If **NO** we require a negative fecal within the last 12 mos. to swim  
PLEASE TALK TO OUR TECHNICIAN

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

PH. NUMBERS

\_\_\_\_\_

EMAIL ADDRESS (please print)

\_\_\_\_\_

How did you hear about the Essex Animal Hospital Pool?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby confirm that I am the rightful owner/guardian of the above mentioned dog and that the information given is accurate and true to the best of my knowledge. I agree I will not hold Essex Animal Hospital Prof. Corp. responsible for any injury sustained to myself, family members, friends or my dog while in the pool, in the hospital or on hospital property.

Signed \_\_\_\_\_ Print \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_