



RECREATIONAL SWIM OWNER CONSENT FORM

Owner Name _____ Pet Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail _____

Breed _____ Age _____ Color _____ Weight _____

Female _____ Male _____ Spayed/Castrated _____

Please tell us anything you feel is important for us to know about your pet:

(has/has not been swimming before, food/toy motivated, does/doesn't like other dogs or people, etc.)

By signing below, I certify that I have received a copy of the Animal Therapy Center's "Pool Rules" and have read and understand them. I also certify that I understand my dog(s) will swim at their own risk although there will **always** be staff members present. I understand that recreational swimming is for fun and fitness; no therapeutic intent for any disease or condition is implied. Staff members are trained to handle dogs in aquatic environments but may not be certified therapists, technicians or veterinarians.

Signature

Date

Account #