



K9 Aquatic Care Centre
15 Ontario Rd
Walkerton ON N0G 2V0
519-901-2858

k9care.walkerton@gmail.com



TERMS AND CONDITIONS

Please read all the following important safety information. It applies to our parking lot, external areas and the swimming pool area.

HEALTH AND SAFETY – HUMANS

It has been explained to me that I may be asked to walk/participate in exercises/therapy to motivate my dog. I understand that there are trip/slip hazards including other people and dogs present. I have been advised that I should wear suitable non-slip footwear. Dress shoes with heels are not permitted as it may puncture or damage our non-slip flooring. I will inform K9 Aquatic Care Centre if I am unable/unwilling to participate. I will also inform K9 Aquatic Care Centre if I have any disability or medical condition that limits my ability to participate or puts me at greater risk of injury. Children are not allowed in the pool area. I understand that I am responsible for the safety of visitors accompanying me while at K9 Aquatic Care Centre as they may not be familiar with procedures and hazards that I have been made aware of. Due to our liability insurance restrictions only K9 Aquatic Care Centre are allowed in the pool. _____ initial

HEALTH AND SAFETY - DOGS

Always have a collar and/or harness on your dog. Dogs without collars pose a health and safety risk to members of staff, other clients and their dogs. _____ initial

Always keep your dog on a lead 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 the staff for assistance. For safety reasons, the use of Flexi-leads on the premises is prohibited. _____ initial

Always check with us before bringing your dog into the gated area. Your dog might be wonderful with other dogs, but not all dogs are. Please remember that we have injured dogs on the premises, or dogs with medical conditions, that can feel threatened or could be hurt by normal friendly behavior. _____ initial

Attempting to lift your dog by the handle of the floatation jacket is strictly prohibited. This policy is for the protection, comfort and well being of your dog. We will enforce strict adherence to this policy. _____ initial

K9 Aquatic Care Centre adheres to strict guidelines regarding collars and leads on dogs. These rules are for everyone's safety and comfort, most importantly the safety of our canine clients.



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Clients who have been warned and continue to disregard the above guidelines will not be allowed to continue using our facilities.

CHANGES OF CIRCUMSTANCES

I will inform K9 Aquatic Care Centre 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 staff if my dog is receiving treatment elsewhere, e.g. physiotherapist, chiropractor, massage treatment, TTouch practitioner, acupuncture, etcetera. I will inform staff immediately if my dog contracts any infectious or contagious disease, e.g. kennel cough. _____ initial

DISCUSSION OF RISKS

Physical exercise together with the pressure of the water on the chest and abdomen can put more stress on your dog's cardiorespiratory functions. If there is an undiagnosed cardiac or respiratory condition your dog could be at risk. While all due care will be taken, if your dog has a diagnosed, or an undiagnosed, spinal condition, there is a possibility their condition could be worsened by hydrotherapy. Please do not feed your dog for at least three hours before and one hour after hydrotherapy. _____ initial

CLEANLINESS

There are poop bags and a place for disposal when entering the facility. If your dog poops, please clean up and dispose. If you need a poop bag or help, please do not hesitate to ask. We do not mind assisting you as accidents can happen with elderly, young, or disabled dogs. Please toilet your dog before hydrotherapy. The pressure of the water on the bladder and bowels may increase a dog's urge to go. Allowing them to do so before entering the pool allows us to have uninterrupted swim time.

APPOINTMENTS

Late arrivals - please call us to inform us that you are running late. We care about our clients and appreciate knowing if you are running late. Up to 10 minutes - we will start the swim, but your dog(s) will be required to leave the pool area to enable the next client's appointment to start punctually. Over 10 minutes late - we may allow the next client to start their dog swimming and try to fit you in at the end of their appointment. This will not always be possible; we will try to accommodate you as time allows.

Missed appointments - these are defined as appointments that have not been cancelled 48 hours prior to your scheduled appointment. If you have an emergency, please call us so we know that you will not make your scheduled appointment. We do understand that emergencies



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happen and exercise the right to waive the cancellation fee under emergency conditions. In any of the above cases a \$35 session charge will apply. The charge will be added to your next session or deducted from your multiple swims per week package.

Cancellations - We require a minimum of 48 hours notice if you need to cancel your appointment without incurring a session charge. You may notify us by telephone, text message, or email.

DECLARATION:

I hereby give permission for my dog to receive treatment at K9 Aquatic Care Centre. I have given all of the relevant medical and behavioral history to staff and believe the information to be correct. I give permission for K9 Aquatic Care Centre to exchange information with my veterinary practice about my dog's condition and behavior. I will not bring any dog to K9 Aquatic Care Centre which has contracted, or knowingly been exposed to, any infectious, or contagious, disease. I agree to abide by all the Terms and Conditions which have been explained and discussed with me by a member of staff.

(signature below):

Patients Name: _____

Relationship to owner (if agent): _____

Clients Name: _____

Clients Signature: _____

Date of Client Signature: _____

Staff Signature: _____

Date of Staff Signature: _____