REHABILITATION CLIENT INFORMATION

Your Name:_____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Preferred Method of Contact? _____(home, cell or email)

Please ensure that the email address is legible and complete. If you change your home address, your email address, or telephone number, please update us as soon as possible to ensure continued communications.

Employer: _____ Employer Phone: _____

Alternate Contact: _____ Alternate Phone: _____

Name of referring veterinarian? _____

We pledge to do our very best to care for your pet. In return we ask that you accept responsibility for charges incurred in the treatment of your pet and accept that **payment is due when services are rendered.** Please feel free to ask for an estimate of the treatment plan prior to receiving services.

Agreement Terms: A fee of $30 will be charged for all checks returned unpaid. Additional fees will be charged if your account is turned over to collections.

If appointment is booked, a 24 hour cancellation notice is required to avoid a no show fee of $50.00

By signing below, you agree that you are the owner of the patient you have presented to us for treatment and that you will personally assume responsibility for all charges incurred. You also understand that medical records pertaining to your pet's treatment will be sent to the referring veterinarian and will become a part of your pet's permanent medical history.

Client Signature: _____ **Date:** _____

Client Name: _____

PET INFORMATION

Pet's Name: _____ Age or Birthday: _____ Species: _____

Breed: _____ Color _____ Markings: _____ Male ___ Female ___

Is your pet Spayed/Neutered? Yes ___ No ___ Is your pet known to bite? Yes ____ No ____

Known Medical Conditions: _____

_____

Current Medications: _____

_____

Tell us about your pet's daily life:

_____

_____

_____

_____

Other Noteworthy Information About Your Pet:

_____

_____

_____

_____

_____

Client Name: _____

DETAILED PET INFORMATION

Pet's Name: _____ Today's Date: _____

What is the reason for your visit today? What symptom that your pet is having are you most concerned about? _____

When did you first notice the symptom or issue? _____

Please list any other **current** issues: _____

_____

Please list any **previous**, major health concerns: _____

_____

- ☐ Please pick one of these five descriptions that best describes your pet's personality:
- ☐ Easy going, loves everyone, laid back, easily satisfied, patient, social, slow reaction to strangers.
- ☐ Fearful, quiet, independent, one person pet, shy, smart, runs away from strangers.
- ☐ Well-behaved, obedient, likes a routine, problem solver, ignores strangers.
- ☐ Dominant, very active, moves fast, competitive, stubborn, gets mad when he/she doesn't get their way, barks at strangers.
- ☐ Excitable, hard to calm down, likes to be center of attention, mischievous, wags tail for strangers.

Please check all boxes below that describes your pet:

☐ Decreased appetite ☐ Increased appetite ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Increased thirst ☐ Decreased thirst ☐ Lumps on body ☐ Urinary incontinence ☐ Itchy skin ☐ Smelly ears or discharge	☐ Back pain ☐ Limping ☐ Weight loss ☐ Coughing ☐ Sneezing ☐ Vision problems ☐ Hearing problems ☐ Fatigue/lethargy ☐ Bad breath ☐ Dry skin ☐ Greasy/smelly skin	☐ Pet prefers to sleep in warm/sunny locations ☐ Pet prefers to sleep in cool/shady locations ☐ Painful, if so, where? _____ ☐ Pants when resting ☐ Restless, doesn't sleep at night ☐ Bleeding at any location, or blood in stool or urine ☐ Behavioral problems