



Rehabilitation - New Client Form

Date: _____

Client Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-mail address: _____

Pet's Name: _____ Species: Canine / Feline

Breed: _____ Age: _____

Sex: Male / Female Spayed / Neutered? Y / N

Color/Markings: _____

Veterinarian: _____

Last Rabies Vaccine Date: _____

Your **pet must be up to date on its rabies vaccination, with current records in our system**, before treatments are performed.

If it is not up to date it will have to be vaccinated prior to rehabilitation treatments being performed. Initials: _____

Is your pet currently on any medications? (Please list name, dose, frequency, and how long they have been on the medication):

What kind of food do you feed your pet?

Is your pet currently taking any supplements?

Why are you bringing your pet into today?

Does your dog have any behavioral concerns we should be aware of? Please explain:

Has your dog been trained in bite work? Yes No

Does your dog have a bite history? Yes No

If you answered 'yes' to either of these questions your dog may need to be muzzled for treatment.

Do you give Middletown Vet permission to photograph your pet and possibly put it on our Facebook page or our website? Yes No Initials: _____

Authorization to Provide Care/Treatment:

I am the owner or authorized agent of the owner of the pet listed above, hereby and direct the veterinarians/physical therapists of this canine rehabilitation business or their assistants to perform all rehabilitation assessment and treatments within accepted physical therapy guidelines as deemed advisable and/or necessary for my pet. I authorize this canine rehabilitation business to obtain all medical records regarding my pet as is necessary for the thorough and complete evaluation and treatment of my pet. I understand that portions of my visit may be recorded for educational purposes. I understand that there is no guarantee nor can one be made as to the results or cure of any therapy. I understand that the veterinarians/physical therapists of this canine rehabilitation business recommend therapy and treatment options but that other persons may have different opinions about what therapies and treatments are necessary or appropriate. I understand that I have a choice to obtain additional information regarding those opinions from this canine rehabilitation business upon my request or I may research the different opinions about therapies and other care myself and discuss my questions with my veterinarian/physical therapist. I agree to pay, in full, for services rendered. I understand that payment is due at the time services are rendered. If for any reason payment is not made at the time services are rendered or within 10 days thereafter, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that this canine rehabilitation business may add an amount to my outstanding account balance to reimburse this canine rehabilitation business for the reasonable collection charges (but not including attorney's fees) imposed by the collection agency. In the event of an emergency, or as determined by the veterinarian it may become necessary to take my pet outside the hospital. I authorize this canine rehabilitation business to walk, or transport my pet outside of the facility; I understand that this canine rehabilitation business will take reasonable precautions to ensure the safety of my pet while in their care. I agree to hold harmless this canine rehabilitation business their owners, employees, and agents from any and all liability of any nature, loss or injury to self, loss or injury to family including pet, loss or injury to guest as a result of participating in any assessments, treatments, classes and programs. I personally assume all liability for the care of my pet while under the care of this canine rehabilitation business.

Signature: _____ Date: _____