



Client Information Form

Pet's Name: _____ Species: _____ Breed: _____ D.O.B. _____
Pet Owner's Name: _____ Home Address: _____
Cell Phone: _____ City: _____ State: _____ Zip code: _____
Occupation: _____ Employer's Name: _____
Work Phone: _____ Email: _____
Home Phone: _____

Pet Owner's Partner's Name: _____ Home Phone: _____
Cell Phone: _____ Home Address: _____
Occupation: _____ City: _____ State: _____ Zip code: _____
Work Phone: _____ Employer's Name: _____
Email: _____

Name of Party who is an Agent for Owner of Pet Listed Below: _____
Title/Relationship: _____ Contact Number: _____ Email: _____
Emergency Contact: _____ Contact Number: _____ Email: _____

How Did You Hear About Us? Veterinarian: _____ Internet: _____ Newspaper/Magazine: _____
Radio: _____ Television: _____ Friend (please include name): _____ other: _____

Referring Veterinarian Name: _____ Name of Clinic: _____

I authorize that the names of people listed on this form are able to: make decisions, pick-up or drop-off, and have financial responsibility for my pet listed on this form.

Signature: _____ Date: _____

Come. Stay. Heal.



Patient History Form

Client name:	Patient name:
Patient breed and color:	Patient date of birth:
Sex; F, F/S, M, M/C:	CANINE Date of last Rabies, DA2PP, Brocatelle (kennel cough) vaccine or FELINE Date of last FVCRP, Rabies, FELV (feline leukemia) vaccine:
Primary/Past veterinarian/clinic names, x-rays?:	Referring veterinarian/clinic name:
Any other pets at home?	List any known allergies:
Presenting Complaint (<i>why you are here</i>) including when your pet was last normal and progression:	Current or past medical problems other than presenting complaint:
Current medication and supplements, include doses and frequency:	Current diet, please list <i>everything</i> that your pet eats:
Describe and list your pets' exercise and frequency:	What are your goals for your pet?

Initial Evaluation Questionnaire

What prompted you to make this appointment? Did your pet have a specific incident that occurred?

Has your pet gotten the same, better, or worse since you made the appointment? Have you changed anything since then that seemed to help or not?

Has your regular vet tried anything to help? Did it help or not?

What diet are you feeding (including treats) and how much are you giving? How is your pet's appetite? Does your pet have any food sensitivities or food allergies? Can we give her treats here?

Is your pet able to urinate normally? (Do you have to express her bladder? Does your pet fall while trying to urinate? Does your pet dribble or strain to urinate?)

Does your pet urine have a bad odor? Dogs with difficulty walking are more prone to urinary tract infections due to their inability to hold a proper position to go potty or their bladder neurologically not working properly.

Can your pet defecate normally? Do you have to help, does your pet fall while defecating.

Are you going on walks? How often and how long? (Amount of time)

Are you doing any physical therapy type of exercises at home? Are you icing, massaging or heating? Is your pet going up/down stairs? Is your pet going up and down on furniture?



I am the owner (or I am the authorized agent of the owner) of the pet described herein, and I have the authority to execute this Informed Consent for Treatment (hereinafter "Consent Form"). I (**my name**), _____ have chosen for pet (**pet's name**), _____, **species** _____, **breed** _____, **sex** _____, **date of birth** _____ to receive services from California Animal Rehabilitation. I hereby authorize treatment of my pet in accordance with this Consent Form. The purpose of this Consent Form is to: (1) inform me of possible occurrences that may take place in the course of my pet's treatment, (2) advise me of my obligations to inform California Animal Rehabilitation of the health or illness of my pet, and (3) advise me of California Animal Rehabilitation's treatment and payment policies. The nature of the procedures to which my pet will be subjected has been explained to me verbally, in addition to potential risks and complications.

- Rehabilitation therapy sessions may include one or more of the following procedures: massage and soft tissue mobilization, therapeutic exercises, functional activities including stair climbing, walking, trotting, sitting, standing and transitional movements, neuromuscular facilitation and re-education, thermotherapy, electronic therapy, cryotherapy, acupuncture, passive range of motion, stretching and joint mobilization, and injections. I give California Animal Rehabilitation express permission to perform any and all of the foregoing procedures on my pet.
- I understand that my pet must have current and viable vaccinations or titers, including, but not limited to, Rabies, Parvovirus/Distemper/Adenovirus/Parainfluenza, and Bordetella (Kennel Cough). If I have questions on what mandates current and viable vaccinations, I will ask a staff veterinarian. California Animal Rehabilitation reserves the right to require vaccinations for my pet before treating any pet.
- To the best of my knowledge, I agree that my pet has no contagious diseases, including, but not limited to: kennel cough, intestinal parasites of any type, skin parasites or fungal infections.
- I understand that aquatic exercise, including, but not limited to, the use of an underwater treadmill, walking, and/or swimming may be required for the rehabilitation of certain injuries. I am aware that my pet will likely be towel dried and may be damp after treatment. I give California Animal Rehabilitation express permission to perform aquatic exercise activities with my pet as needed, at the sole decision and discretion of California Animal Rehabilitation.
- I understand that clipping of the hair/fur may be necessary for certain rehabilitation procedures, including, but not limited to, electrical stimulation and ultrasound. I give California Animal Rehabilitation express permission to clip any hair/fur deemed necessary for the treatment of my pet. The determination of whether any hair/fur needs to be clipped shall be at the sole discretion of California Animal Rehabilitation.
- I understand that during the grooming of my pet, my pet may incur nicks, clipper burn or other inadvertent injuries. I also understand that if my pet's coat is too matted, a full shave may be the only option. I give California Animal Rehabilitation the sole discretion to decide to shave my pet's coat if necessary. I will not hold California Animal Rehabilitation responsible for any injuries to my pet that may occur during grooming.
- I understand that it is my responsibility to inform California Animal Rehabilitation in writing, via the patient information sheet, of any and all concurrent medical conditions suffered by my pet. This responsibility includes the responsibility to disclose any medications and supplements that my pet is currently taking. I acknowledge that my pet's concurrent medical conditions and or other medications may affect my pet's progress in rehabilitation. It is my responsibility to inform California Animal Rehabilitation of any changes to my pet's medical condition and an exam with a vet will be required to continue care.
- If my pet has diarrhea the day before or on the day that it is scheduled for rehabilitation services at California Animal Rehabilitation, I will inform California Animal Rehabilitation of my pet's condition immediately.
- I understand that California Animal Rehabilitation may need to restrain my pet during the course of treatment to protect both the pet and the staff of California Animal Rehabilitation. I authorize California Animal Rehabilitation to use whatever restraint is necessary at their sole discretion to facilitate treatment of my pet, including, but not limited to, the use of medications to achieve restraint of my pet.
- For my safety and my pet's safety, I understand and agree that I must remain in the lobby area of the office while my pet is being treated, or, upon request by California Animal Rehabilitation staff, I must remain with my pet. This determination shall be made solely by California Animal Rehabilitation staff.

- In the event of an emergency, California Animal Rehabilitation will attempt to contact the pet's owner/agent first, but if deemed medically necessary, will transport my pet to the closest or most available emergency facility where my pet can be treated. If the doctors at California Animal Rehabilitation prefer that my pet does not board overnight for medical reasons, I understand that my pet will be transferred to another veterinary hospital at my cost. I release California Animal Rehabilitation
- From any liability resulting from an emergency. If necessary, please transfer my pet to _____ veterinary clinic.
- Tardiness policy: I understand that if I am more than (15) minutes late for my scheduled appointment California Animal Rehabilitation may ask me to wait, reschedule, or truncate appointment time.
- **Cancellation policy:**
 - **Cancellations for an Initial Evaluation must be made 48 hours prior to scheduled appointment, or I will be charged a \$200 cancellation fee.**
 - **Cancellations for regular sessions must be made at least twenty-four (24) hours prior to scheduled appointment. I understand that a timely cancellation of my first appointment (made within 24 hours of my appointment) will have no repercussions. After any and each further cancellation, I will be charged \$90.00 per cancelled visit.**
- **Failed / Missed appointment policy: I understand that the first time I miss an appointment I will be forgiven and will not be charged. However, any appointments I miss after beyond the first missed appointment forgiven, I will be charged \$90.00 for each regular visit I miss.**
- If a package is not completed within sixteen (16) weeks from the date of my pet's first therapy appointment, an administrative fee of \$148 will be charged to my account and the initial discount applied will be reversed. Services rendered will be charged at full price.
- As a courtesy, California Animal Rehabilitation offers one (1) hour of complimentary day care for your pet when they come for a scheduled appointment. If I choose to board my pet beyond this one (1) hour, I will be charged a \$27 day boarding fee.
- All invoices are due within thirty (30) days of the date of the invoice. All outstanding balances will incur a late fee of 2% per month of the delinquent balance. I understand that if California Animal Rehabilitation is required to take legal action to collect delinquent payments, California Animal Rehabilitation shall recover all of its costs and attorney's fees expended in recovery efforts from me in full.
- All product sales are final.

I understand that California Animal Rehabilitation will design a home rehabilitation/exercise program specifically for my pet. California Animal Rehabilitation will explain this home program at the end of my pet's initial evaluation. I also understand that in order for my pet to continue its progress, the home program should be performed daily or as otherwise outlined in the home program. I agree to do my best to assist my pet in his/her recovery and I also agree to follow the recommendations made by California Animal Rehabilitation.

Signature of Pet Owner /Agent

Printed name of Pet Owner /Agent

Address of Pet Owner

Date

Please complete this portion of the Waiver and Release of Liability if you are NOT the owner of the pet.

****I ATTEST THAT I AM AN AGENT OR REPRESENTATIVE OF (owner's name) _____ AND I AM LEGALLY AUTHORIZED TO SIGN THIS AGREEMENT ON BEHALF OF THE OWNER. I verify that I fully understand, agree to, and accept all provisions of this Waiver and Release of Liability on behalf of the owner of the pet.**



Image Consent Form

California Animal Rehabilitation may take photographs and/or videos of my pet to assist California Animal Rehabilitation in a variety of ways including but not limited to: the treatment of my pet, education, goal-setting, and for marketing purposes. I hereby authorize California Animal Rehabilitation to use these at their sole discretion. I will not seek any reimbursement or compensation for the use of photographs and/or videos of my pet from California Animal Rehabilitation. I hereby give permission to California Animal Rehabilitation to use my full name, my likeness, my pet's name, my pet's photograph, and video of my pet. This may include but is not limited to use on the California Animal Rehabilitation website, printed material, and video compilations.

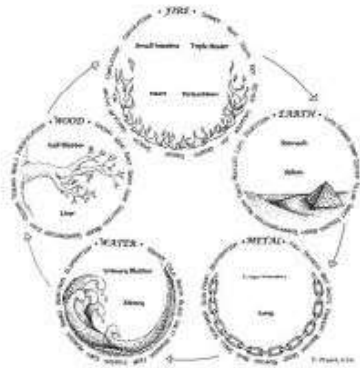
_____ **Pet Name**

_____ **Signature of Pet Owner /Agent**

_____ **Printed name of Pet Owner /Agent**

_____ **Address of Pet Owner**

_____ **Date**



Fire	
Normals	Abnormals
<input type="checkbox"/> lively <input type="checkbox"/> communicative <input type="checkbox"/> very friendly <input type="checkbox"/> affectionate <input type="checkbox"/> loves to be petted <input type="checkbox"/> center of the party	<input type="checkbox"/> insomnia <input type="checkbox"/> separation anxiety <input type="checkbox"/> restless <input type="checkbox"/> excess heat <input type="checkbox"/> rapid heart rate <input type="checkbox"/> heart problems



Wood	
Normals	Abnormals
<input type="checkbox"/> decisive <input type="checkbox"/> assertive <input type="checkbox"/> confident <input type="checkbox"/> strong <input type="checkbox"/> impulsive <input type="checkbox"/> athletic-stamina <input type="checkbox"/> alpha animal	<input type="checkbox"/> ligament problems <input type="checkbox"/> liver problems <input type="checkbox"/> red eyes <input type="checkbox"/> angers easily <input type="checkbox"/> ear problems <input type="checkbox"/> nail problems <input type="checkbox"/> footpad problems <input type="checkbox"/> anal sac issues

Earth	
Normals	Abnormals
<input type="checkbox"/> relaxed, laid back <input type="checkbox"/> sociable <input type="checkbox"/> round and large <input type="checkbox"/> loyal <input type="checkbox"/> serene and balanced <input type="checkbox"/> cares for others (motherly)	<input type="checkbox"/> diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> loss of appetite <input type="checkbox"/> vomits <input type="checkbox"/> gum disease <input type="checkbox"/> weak muscles <input type="checkbox"/> overeats-obese <input type="checkbox"/> worries

Water	
Normals	Abnormals
<input type="checkbox"/> careful <input type="checkbox"/> curious <input type="checkbox"/> self contained <input type="checkbox"/> likes to hide <input type="checkbox"/> meditative <input type="checkbox"/> slow and consistent	<input type="checkbox"/> rear weakness <input type="checkbox"/> fearful <input type="checkbox"/> bone and back issues <input type="checkbox"/> urinary problems <input type="checkbox"/> disturbed growth <input type="checkbox"/> deafness <input type="checkbox"/> reproductive problems

Metal	
Normals	Abnormals
<input type="checkbox"/> loves order <input type="checkbox"/> obeys the rules <input type="checkbox"/> aloof <input type="checkbox"/> symmetrical body <input type="checkbox"/> disciplined attitude <input type="checkbox"/> good haircoat	<input type="checkbox"/> asthma <input type="checkbox"/> dry skin <input type="checkbox"/> sinus problems <input type="checkbox"/> breathing disorder <input type="checkbox"/> nose problems <input type="checkbox"/> cough