

PET REHAB & PAIN CLINIC NEW CLIENT/PET FORM 2013

Date: _____

Animal Name: _____ Species: _____ Breed: _____

Date of Birth or age: _____ Sex: Male/Female/Neutered/Spayed (circle) Color: _____

Your Name: _____ Spouse/Co-owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ Dr Lic / SS # for checks: _____

How did you hear about our practice: _____

DVM: _____ Clinic: _____ PH: _____

My pet has or has had the following: Check all that apply.

- Problem with weight
- Neck pain, back pain
- Problems walking
- Nerve related problem
- Old, feeble
- Fears, phobias, anxiety, stress
- Allergies
- Arthritis
- X-Rays
- Surgery
- Type: _____
- When: _____
- Where: _____
- If leg, which one: _____
- Chronic disease – if so what?
- Blood tests: _____

CURRENT MEDS or SUPPLEMENTS: _____

DIET: _____ CANNED ? DRY? (circle what applies)

Things I would like to learn about to help my pet live a healthier happier life and prevent future potential problems.

Check all that apply.

- Stretching or exercises I can do at home
- Underwater treadmill therapy
- Auriculotherapy
- Massage therapy or technique
- Expanding my knowledge in nutrition
- Fur Mineral Analysis test to identify vitamin & mineral deficiencies and toxicities to target nutritional etiology related to his/her current condition and future
- Help with finding a diet or recipe that could be more helpful for him/her
- Nerve Assist I can do at home
- Laser therapy
- Harnesses or gear to help walking
- Microcurrent for pain, healing, stress
- Herbs, supplements that might help

List any sporting event or show events in which your animal participates:

What are you looking to accomplish today?

We will gladly prepare a written estimate of service fees if you desire. Please ask the receptionist or doctor before the exam.
I understand that fees are due at the time services are rendered and that past due accounts are subject to late fees and collection charges. There will be a service charge for any check returned unpaid.

Signature (Owner / Agent) _____