

PET REHAB & PAIN CLINIC NEW CLIENT/PET FORM 2019

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: \_\_\_\_\_

What Specialists have you seen?  
\_\_\_\_\_

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

<input type="checkbox"/> Problem with weight	<input type="checkbox"/> X-Rays: for/of _____
<input type="checkbox"/> Problems walking	<input type="checkbox"/> Any Surgery
<input type="checkbox"/> Neck pain, back pain	Type: _____
<input type="checkbox"/> Nerve related problem	When: _____
<input type="checkbox"/> Old, feeble	Where: _____
<input type="checkbox"/> Fears, phobias, anxiety, stress	If leg, which one: _____
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Allergies
<input type="checkbox"/> Blood Tests	<input type="checkbox"/> Chronic disease – if so what?

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.**

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

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) \_\_\_\_\_