

New Patient Information Form - Group Training

Owner Information

Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code

Phone Number

Email

example@example.com

Patient Information

Name

Breed

Age

Sex

Current Veterinary Hospital

Is your pet up to date on all vaccines? Proof of vaccination is required at your first appointment

Yes

No

Unsure

By submitting this document, I understand that my pet will be in an environment with other dogs and people. Although the staff at Blue Springs Animal Rehabilitation Center will prioritize the safety and health of all pets and clients, I understand that I am responsible for my pets behavior and safety. If my pet demonstrates aggressive behaviour towards other dogs or people, I may be dismissed from class without a refund.

Which class are you interested in attending:

- Puppy Class (< 16 weeks of age)
- Basic Manners (> 16 weeks of age)

Is your pet reactive to strangers or other dogs?

- Yes
- No
- Unsure

Payment secures your pets spot in the class. Can our staff contact you for payment over the phone prior to your first class?

- Yes
- No, I'll make other payment arrangements prior to the first class

I give permission to have my pets photo, name and brief description of their condition posted on social media (Facebook/Instagram).

- Yes
- No

If you need to cancel or reschedule for any reason, please contact us as soon as possible so that we can offer this spot to another client. Class spots cancelled with 24 hours or less notice may be non-refundable. *

I understand

Accident and Injury Disclaimer

I understand that the staff at Blue Springs Animal Rehabilitation Centre will take any and all necessary and reasonable precautions to ensure the safety of my pet. I understand, however, that should my pet sustain an injury while participating in any and all physical activities offered at the center, Blue Springs Animal Rehabilitation Center will not be held responsible for any veterinary assessment or treatment.

If my pet has been referred to Blue Springs Animal Rehabilitation Center by my veterinarian for a diagnosed health concern, I understand that treatment recommendations and protocols will be developed for this particular condition. Should the referring veterinarian's diagnosis be incorrect, Blue Springs Animal Rehabilitation Center will not be held responsible for any unexpected results arising from the recommended activities. I understand that if my pet is not responding to treatment as expected, I may be asked to return to my veterinarian for reassessment or further investigation.

Name *

First Name

Last Name