

# New Patient Information Form - Rehabilitation

## 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**

**Diet**

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

Yes

No

Unsure

**Describe your pets regular activity and daily routine**

**Presenting complaint/Diagnosis/Surgery**

**Describe your goals for rehabilitation and your pet:**

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

I understand

By signing this document, By submitting this document, I understand that my pet has either a) been referred by my veterinarian for rehabilitation of a specified condition or b) can benefit from general fitness and conditioning. My pet will not undergo any diagnostic procedures or receive treatment for any new or unrelated concerns during rehabilitation session. All such concerns should be discussed with my veterinarian prior to or following the rehabilitation session. I understand that Blue Springs Veterinary Rehabilitation Center does not solicit for or have any direct association with surrounding veterinary hospitals. I understand that my pet can not be seen at Black Creek Animal Hospital for veterinary care within 1 year of referral to Blue Springs Rehabilitation Center.

**Species**

- Canine
- Feline
- Other

If your pet is on a prescription veterinary joint or weight loss diet, we would be happy to dispense this for you if needed. All diet refills will need to be verified by your veterinarian.

**Please list your pet's current medications and supplements, including dose and frequency if possible:**

Blue Springs is able to dispense refills of prescription pain medications and joint supplements as needed. All refills will need to be verified by your veterinarian.

**Do you have pet insurance that includes rehabilitation?**

- Yes
- No

If yes, please bring an insurance form to your appointment.

**Has your pet been examined in the past year and been deemed fit to undergo rehabilitation or conditioning?**

- Yes
- No
- Unsure

**Describe your pets environment - Stairs? Flooring? Other pets? etc**

**Describe your current concerns regarding your pet's mobility - Previous surgeries/diagnoses, etc:**

**Where did you hear about us?**

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

Yes

No

## **Accident and Injury Liability 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