

REHABILITATION at VETERINARY SURGICAL CENTERS

Client/Patient Registration Form

Client Information

First Name: _____ Last Name: _____ Date _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Secondary Contact: _____ Cell: _____

Patient Information

Name of Pet _____ Species _____ Date of Birth _____

Breed _____ Color _____ Sex _____

Primary Care Veterinarian

Veterinarian's Name _____

Hospital Name _____

Phone Number _____

Specialist Seen Previously (if any)

Veterinarian's Name _____

Hospital Name _____

Phone Number _____

Patient History

Diet: Brand/Type

Amount

Frequency

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all current medications including supplements below:

Medication

Amount

Frequency

Prescribing Veterinarian

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What type of treatment(s) are you interested in: (check all that apply)

Acupuncture Hydrotherapy Land therapy Comfort therapy Conditioning

What are your goals for your pet: (i.e. to make pet more comfortable; return to working/athletic activities; etc)

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Policies

Hydrotherapy: Underwater treadmill therapy may be recommended by your practitioner as part of your pet's treatment plan. Please understand that there may be some scenarios in which a pet may not be able to participate in underwater treadmill therapy; contraindications to this therapy include (and are not limited to): diarrhea, skin infections, open wounds (including healing surgical incisions), and urinary tract infections. In these cases, your pet may not perform underwater treadmill therapy until they are healed (skin infection or incisions healed, stool back to normal, UTI confirmed clear via culture, etc). Additionally, pets with breathing disorders or heart conditions may not be good candidates for this type of therapy. **Client initials:** _____

Patient Restraint: For your safety and the safety of your pet, VSCR asks that you allow staff members to restrain your pet and to perform exercise therapies. In some cases, our patients find themselves distracted and unable to focus on their exercises when an owner is present; if this is the case, you may be asked to sit in the rehab lobby while our staff completes your pet's treatments. Additionally, we ask that children stay in the rehab lobby with a guardian for their own safety. **Client initials:** _____

I have read and understand Rehabilitation at Veterinary Surgical Centers Policies.

Owner Signature

Owner Name (Printed)

Date

Pet Name