



Rehabilitation at  
Veterinary Surgical Centers

## Preparing for Rehab

Thank you for choosing Veterinary Surgical Centers Rehabilitation. We are passionate about improving quality of life for all pets through the use of pain management and therapeutic modalities, such as hydrotherapy, laser therapy, acupuncture, and more.

- **Preparing for your appointment:** For your first visit, please complete a registration form and bring it to your appointment or email it to [rehab@vscvets.com](mailto:rehab@vscvets.com). If you elect to complete forms at your appointment, please arrive 10-15 minutes early.
  - **Medications:** If your pet has been prescribed pain medications, please make sure to give these medications as directed prior to your session. **Please bring the name and dosages of the medications your pet is currently on.**
  - **Late arrivals:** Clients arriving more than 15 minutes late for their pet's appointment may have an abbreviated session or may be asked to reschedule. The full cost of the appointment will be charged for abbreviated appointments.
  - **Cancellations:** We require 48-hour notice for appointment cancellations. Cancellations received less than two days beforehand may incur a cancellation fee. Please see our complete appointment policy for further information. Thank you for your consideration.
  - **Fearful/anxious pets:** As we are a small, busy practice, there often are several dogs and clients in the rehab lobby and gym area at any given time. **If your dog is fearful of people and/or other dogs, please make the staff aware of this prior to and at the beginning of your appointment.** We do our best to utilize fear-free handling and make all pets comfortable in our space. On occasion, we may need to utilize a muzzle for exams or treatments for the safety of your pet and our staff.
- **Diet & allergies:** We also utilize a variety of treats to assist with our treatments. **Should**

- **Diet & allergies:** We also utilize a variety of treats to assist with our treatments. **Should your pet have any food sensitivities, allergies, or a specific diet, please let us know.** You may bring your own treats or a toy if this will help motivate your pet. Be aware that we do use peanut butter frequently. If you or a family member has an allergy, please make us aware of this as well.

**Please note:**

- Due to space limitations and safety concerns, we ask that all other pets are left at home.
  - All pets should be on a leash when entering and for the duration of their time in the rehabilitation space, unless directed by the rehabilitation staff.
- **Developing the right plan for your pet:** At your initial appointment, a Rehabilitation Veterinarian will assess your pet, review history, and find out what your goals are. We will discuss recommendations to develop a treatment plan that is tailored to your pet's specific needs and works for your schedule and budget. This will include both in-clinic and at-home exercises to help your pet progress.
  - **Keeping your pet on track:** It is important to be actively involved in your pet's rehabilitation program, by observing activity and other restrictions that may be in place, as well as completing daily/weekly at-home exercises. During your pet's appointment, the practitioner and/or trained assistants will hold your pet and perform all recommended exercises and treatments. You may observe your pet or wait for him or her in the lobby. Most pets do better without mom and dad in the room as an added distraction.

**Please note:** In order to maintain a client patient relationship, rechecks with the veterinarian are required at least every 4-6 months to continue the rehabilitation therapy at VSCR. This may be more frequent based on your pet's condition or if there are other concerns. These may need to be scheduled outside of your regular rehabilitation appointment.



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## **Veterinary Surgical Centers Rehabilitation Appointment Policy**

At VSCR, we strive to see all appointments in a timely manner. In order to do this, we very much appreciate our clients' cooperation and consideration for our and each others' time.

### **Late arriving clients:**

1. Clients arriving more than 15 minutes late for their appointment may be asked to reschedule the appointment.
2. For clients arriving late, the appointment and included therapies may be adjusted to accommodate the remaining allotted appointment time. Clients will be charged for a full appointment.
3. Preference will be given to timely arrivals. Clients arriving late may choose to wait for the next available opening; however, the time may be unpredictable depending on that day's appointment schedule.
4. Clients accruing more than three late arrivals may be subject to a fee of \$30 per appointment. If this policy is being abused, we reserve the right to deny the booking of any future appointments.

### **Cancellations:**

1. We request a minimum of 24 to 48 hours notice for all cancellations to allow for the appointment time to be rescheduled by another client.
2. In some cases, the timeframe to reschedule an appointment may be several days to several weeks depending on the appointment schedule.
3. Any appointment canceled less than 24 hours prior to the scheduled appointment time will be considered a "No Show." Our "No Show" policy is as follows:
  - a. 1<sup>st</sup> occurrence – Client receives a warning.
  - b. 2<sup>nd</sup> occurrence – Client incurs a charge equal to 50% of the full appointment cost.
  - c. 3<sup>rd</sup> occurrence – Client incurs a charge equal to the full appointment cost. We also reserve the right to deny the booking of future appointments.

**Please sign below to acknowledge you have read and understand these VSCR Policies.**

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Owner Name (Printed)*

\_\_\_\_\_  
*Date*



### **Important VSCR Policies to Note:**

**Hydrotherapy:** Your rehabilitation practitioner may recommend underwater treadmill therapy as part of your pet's treatment plan. Please understand that there may be some scenarios in which your pet is not able to participate in underwater treadmill therapy. Contraindications to this therapy include but are not limited to: diarrhea, skin infections, open wounds (including healing surgical incisions), and urinary tract infections. In these cases, your pet may not receive this therapy until he/she has healed (for example: skin infections 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 our staff members to restrain your pet and to perform all of the necessary exercise therapies. In some cases, our patients find themselves distracted and unable to focus on their exercises when their owner is present. If this is the case, you may be asked to wait in the rehab lobby while our staff completes your pet's treatments. Additionally, we ask that all children remain in the rehab lobby with a guardian for the duration of the appointment. **Client initials:**

**Pet Policy:** Due to space limitations and for the safety of your pet and other patients, please only bring the patient who is receiving therapy to his/her appointment. Should you arrive with another pet, we will have to ask you to remain outside or in the lobby while the patient receives therapy. **Please note: All pets must be kept on a short leash at all times while in the facility.** We do not recommend retractable leashes, especially for large dogs. If you use them, please ensure they remain locked in a short lead position at all times. **Client Initials:**

Thank you for your consideration and courtesy in these important matters. **Please sign below to acknowledge you have read and understand these VSCR Policies.**

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Owner Name (Printed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Pet Name*



**Vienna:** 703-242-6000  
vienna@vscvets.com

**Leesburg:** 703-771-2100  
leesburg@vscvets.com

**Winchester:** 540-450-0177  
winchester@vscvets.com

# Patient Photography & Video Release Form

*Note: I authorize this release based on the following conditions:*

- *These records becomes the property of VSC/VSCR*
- *This release is given without promise of compensation*
- *This release is effective until terminated by a retraction in writing from the person granting this authorization*
- *The legal owner releases to VSC/VSCR any right, title and/or interest of any kind they may have in the records produced*

## A. Release to photograph, film or record vocally for publicity purposes

I hereby grant to Veterinary Surgical Centers and Veterinary Surgical Centers Rehabilitation the right and authority to photograph, film and/or record vocally:

\_\_\_\_\_  
*Patient Name (Please Print)*

These records may be used for promotional or publicity purposes and may be published in mass media publication, on the Veterinary Surgical Centers/Veterinary Surgical Centers Rehabilitation Internet sites or show on presentations. The patient's and family's name may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Witness (for authorization by phone)*

\_\_\_\_\_  
*Owner Name (Please Print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

## B. Release to photograph, film or record vocally for scientific purposes

I hereby grant to Veterinary Surgical Centers and Veterinary Surgical Centers Rehabilitation the right and authority to photograph, film and/or record vocally:

\_\_\_\_\_  
*Patient Name (Please Print)*

These records may be used for purposes of study, research and teaching and may be published in scientific publications or on the Internet. The patient's and family's name may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Witness (for authorization by phone)*

\_\_\_\_\_  
*Owner Name (Please Print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*