



## REGISTRATION

Record Number \_\_\_\_\_

### Client Information:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Owner's Birthdate (for DEA) \_\_\_\_\_

### Spouse/ Other

Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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Referring doctor and hospital: \_\_\_\_\_

General practitioner and hospital: \_\_\_\_\_

\_\_\_\_\_

### Pet Information:

Name \_\_\_\_\_ Dog/Cat \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_ Female/Male Spayed/Neutered \_\_\_\_\_

\_\_\_\_\_



What are your top 3 concerns for your pet's visit today?

1.

2.

3.

Duration of current medical issue \_\_\_\_\_

Surgery/Injury date \_\_\_\_\_

Other medical issues \_\_\_\_\_

\_\_\_\_\_

Current medications/supplements \_\_\_\_\_

\_\_\_\_\_

Past medications \_\_\_\_\_

\_\_\_\_\_

Any adverse reactions to ANY medications \_\_\_\_\_

\_\_\_\_\_

Current level activity and /or restrictions \_\_\_\_\_

\_\_\_\_\_

Previous level of activity: Choose one

Sedentary - out to eliminate only

Light walks \_\_\_\_\_ times per week for \_\_\_\_\_ minutes each walk

Moderate walks \_\_\_\_\_ times per week for \_\_\_\_\_ minutes each walk Heavy

walks \_\_\_\_\_ times per week for \_\_\_\_\_ minutes each walk

Circle all that apply: Dog Park Doggie Day Care Day Hikes Back Packing  
Grooming



Competition dog - please describe \_\_\_\_\_

Previous/current rehabilitation therapies: \_\_\_\_\_

Home flooring:        hardwood        tile/stone        carpet        linoleum        area rugs

Stairs:                no                yes # \_\_\_\_\_

Other dogs:        no                yes # \_\_\_\_\_ Ages \_\_\_\_\_

Diet: \_\_\_\_\_ Any dietary restrictions? No Yes \_\_\_\_\_

Appetite: normal    increased    decreased    Vomiting: No Yes    Diarrhea: No Yes

Does your pet have full control of his/her bowels? No Yes        Bladder? No Yes

Family limitations - please circle all that apply:

None

Cannot physically participate

Inflexible schedule

Minor physical limitations

Frequent travel

Family expectations for pet - please circle all that apply:

Pain free

Able to eliminate without assistance

Short walks

Long walks

Home activities -    stairs    jump on and off furniture    active in the yard    chase squirrels

Weekend activities - i.e.        beach        hiking        camping        swimming

Return to full function/competition

Any other information not included above: \_\_\_\_\_

\_\_\_\_\_



## REFERRAL AGREEMENT

Your pet has been referred to the Canine Rehabilitation Center for a rehabilitation evaluation and therapy.

The veterinarian that referred you to us has confidence in our advanced training to care for your pet's needs. Since this is a referral-based practice, it is our policy that you will continue to visit your regular veterinarian for your pet's routine needs ie: nail trims, exam, vaccines, etc.

In the spirit of referral, please sign the statement below. By signing, you agree not to request us to care for any non-rehab related problems your pet may have and agree to see your own veterinarian if this pet or any of your other pets develop problems that need care.

To maintain proper hygiene of our equipment and avoid transferring parasites to other patients, we ask that:

1. All dogs **empty their bowels and bladder** prior to session in order to avoid a cleaning charge.
2. All dogs be reasonably bathed or groomed and free of fleas. Dogs with **fleas** are **not** allowed in the underwater treadmill.

We kindly ask that you **do not bring your other pets** to rehab appointments unless you have multiple dogs receiving rehabilitation care.

### Payment:

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). **All professional fees are due at the time services are rendered.** We accept Mastercard, Visa, American Express, Discover and Care Credit. There will be a service charge of \$25.00 for any check returned unpaid.

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Signature of Client responsible for Pet(s)

Date

Thank you.

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*We reserve the right to charge for appointments cancelled or missed without 24 hours advance notice.*

## Internet Permission Form

Muller Veterinary Hospital and The Canine Rehabilitation Center has joined the world of social media and we would love to share our cherished patients with our clients and fans! We are asking for your consent to share your pet's picture and/or story on our social media web pages and on our websites.

***\*Note-Muller Veterinary Hospital and The Canine Rehabilitation Center will never share any of your personal, client information over the internet.***

(Please check one)

\_\_\_\_\_ I **GIVE** Muller Veterinary Hospital and The Canine Rehabilitation Center permission to post my pet's photo, first name, and story on their public social media web pages and website.

\_\_\_\_\_ I **DO NOT** give Muller Veterinary Hospital and The Canine Rehabilitation Center permission to post my pet's photo, name and story on their public social media web pages and website.

**Name** (please print) \_\_\_\_\_

**Pet's name(s)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

***We appreciate you taking the time to fill out this form. We will be posting contests, updates and other fun activities on the web.***

***Check our website for updated blogs and pet success stories!***

<http://www.mullerveterinaryhospital.com/>

<http://www.thek9rehabcenter.com/>

