



I was referred to Up Dog Veterinary Rehabilitation by: _____

Owner Name: _____ Phone Number: _____

Owner Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Email (s): _____

Preferred method of contact during business hours:

- First Phone Number
- Second Phone Number
- Email
- Text

My Primary Care Veterinarian is: _____

Pet Health Information:

Name of Pet: _____ Species: _____

Sex: _____ Spayed/Neutered: _____ Age: _____ Color: _____

Has your pet done any physical rehabilitation before? If so, where?

Authorization:

- I hereby authorize the veterinarian to examine, prescribe for, and/or treat the pet listed above.
- I assume responsibility for all charges incurred in the care of my pet.
- I also understand that professional fees are due at the time services are rendered and that a deposit may be required.

We will gladly prepare a written estimate if you desire. Please ask any staff member.

Signature: _____ Date: _____

Non-Compete Agreement

I have been referred to Up Dog Veterinary Rehabilitation by Dr. _____ from _____ veterinary clinic/hospital and consider him/her to be my primary veterinarian. I understand that I am seeing Dr. Badge for rehabilitation purposes only. Dr. Badge will communicate with my primary veterinarian and if she feels that any non-emergency veterinary diagnostics, medications, or treatments are needed that do not directly pertain to rehabilitation, I will return to my primary care veterinarian to receive these services.

I agree that I will not seek veterinary medical services, diagnostic support, and/or request any other veterinary support, other than related to physical rehabilitation, from Dr. Badge or Up Dog Veterinary Rehabilitation.

Signature: _____ Date: _____

Video-Photo Release

I grant Up Dog Veterinary Rehabilitation, its representatives and employees the permission to take pictures and/or video of me and/or my pet(s), and to use, copyright, and/or publish in print and/or electronically. I agree that Up Dog Veterinary Rehabilitation may use such pictures and/or video of me and/or my pet(s) with or without the name(s) of my pet(s) and/or my name for any lawful purpose including, but not limited to, educational, publicity, advertising, and web content.

- The above may take photos of me and/or my pet(s)
 The above may NOT take photos of me and/or my pet(s)

Signature: _____ Date: _____

Underwater Treadmill Policy

For the safety of every patient, client, and employee at Up Dog Veterinary Rehabilitation we ask that you review the following policy carefully.

If you have any questions, please feel free to ask before signing.

- We request that patients have urinated and defecated prior to any underwater treadmill session. This will help any accidental soiling in the underwater treadmill.
- If your dog/cat has not defecated or has trouble defecating please let us know and we can determine if special precautions are needed.
- No pets will be allowed in the underwater treadmill if they have had any vomiting or diarrhea within the previous 48 hours. Please call ahead to reschedule if your pet is experiencing any gastrointestinal upset.
- Please alert the technician if your dog/cat has any new illness (diarrhea, vomiting, lethargy, or injury (new lameness or open wound) as the underwater treadmill can exacerbate these potential problems. Depending on the issue at hand the technician may cancel the underwater treadmill session and/or continue on with exercises, massage, or laser therapy if this applies.
- If your dog/cat defecates in the underwater treadmill there will be an extra charge of \$50.00 and the session will be terminated immediately at full charge.
- Patients will lose their underwater treadmill privileges after the third time they defecate in the treadmill.

I (client name/please print) _____ caregiver of (pet name) _____ have read, understand, and agree to the stipulations in the underwater treadmill policy.

Signature: _____ Date: _____