



Kindness and Care for Animals®

Please fax this completed form to 781-622-1410.

NEW PHYSICAL REHABILITATION CLIENT INFORMATION

Today's Date: _____

Dog's Name: _____ Male / Female _____ Altered / Intact _____

Date of Birth: _____ Breed: _____ Color: _____ Weight: _____

Your Name: _____

Street Address: _____

Town/City: _____ State: _____ Zip: _____

Phone Number (primary) _____ Cell Home Office (check one)

Phone Number (secondary) _____ Cell Home Office (check one)

Email: _____

VETERINARIAN INFORMATION

Primary Veterinarian: _____

Associated Clinic: _____ Phone # _____

Specialist Veterinarian (if any): _____

Associated Clinic: _____ Phone # _____

Has your dog had a recent injury? YES NO (If yes, please describe below)

Has your dog had surgery in the past six months? YES NO

Date? _____ Vet? _____

If yes, please describe the surgery.

Please describe other medical history that you feel may impact the use of services at Angell?

Is your dog currently taking any medications and/or supplements? YES NO

If yes, please list:

What is your dog's current exercise level/ schedule? How is this different from prior to surgery or injury?

Please describe the purpose and goals of your visit.

In order to get a better understanding of your dog's environment please complete the following table.

How many stories in your home?	
What type of flooring does your pet mostly walk on?	
How many steps to go outside?	
Total number of people responsible for dog?	
How many children under 12 live in your home?	
Do you have a fenced yard?	
How many times a day does your dog go out?	
Does your dog have any favorite sports/hobbies/jobs?	
Does your dog participate in competitive events?	
Are feeding & water bowls elevated from the floor?	

Do you have any other animals at home? YES NO If yes, please list below.

Name	Type/Breed	Age

Please describe your dog's relationship and experiences with water.

Please describe any emotional components of your dog that you would like to share so Angell can better honor his/her boundaries and help him/her to be comfortable and confident during our sessions.

Does your dog have any physical sensitivities (e.g., does not like feet being touched)?

Please read the important information below before signing.

Angell Physical Therapy is not an alternative to veterinary medicine and veterinary care. We will not diagnose for any condition. We recommend consulting with your veterinarian prior to engaging Angell Physical Therapy services. We will not work with any animal without the consent of a veterinarian.

There is a \$200 service fee if your dog defecates in the pool. This problem requires FlowDog to close the facility for 24 hours in order to adequately clean the pool for use by other customers. For the courtesy of all dogs, please ensure your dog eliminates prior to entering the Angell facilities.

Please bathe and brush your dog prior to your appointment. This helps us maintain a clean and healthy environment for everyone.

As a courtesy please cancel all appointments at least 24 hours in advance of your scheduled time. Angell reserves the right to charge for services not rendered due to short notice cancellation or failure to keep appointment.

All prepaid service packages expire one year after the last visit to Angell.

You may be asked to show proof that your dog is up-to-date on all vaccinations.

By signing below you are granting Angell the irrevocable and unrestricted right to use and publish photographs and video of your pet for editorial, trade, advertising and any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same.

Signature

Date

RELEASE AND INDEMNITY AGREEMENT

Please read carefully.

This Release and Indemnity Agreement contains a surrender of certain legal rights. As a client of Angell Animal Medical Center and the owner or person responsible for the dog(s) brought in for services at Angell Animal Medical Center, I understand that my dog(s) and I swim and receive physical rehabilitation at our own risk, and that I accept full responsibility for damage to property, injury, or death to people or other animals arising out of the use of the premises, pool, equipment, and facilities of Angell Animal Medical Center and the conduct of myself and my dog(s). On behalf of myself, my successors, heirs and assigns, I do hereby forever release, acquit and discharge Angell Animal Medical Center, its officers, shareholders, agents, servants and employees, from any and all actions, causes of action, suits, expenses and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the owner of said dog(s), and also all claims or rights of action for damages resulting from use of the premises, pool, equipment and facilities of Angell Animal Medical Center. I, on behalf of myself, my successors, heirs and assigns, also covenant and agree not to sue Angell Animal Medical Center and to indemnify ("indemnify" meaning protect by reimbursement or payment) and hold Angell Animal Medical Center, its officers, shareholders, agents, servants and employees, harmless with respect to any injury, damage, death or other loss in any way connected with my use of the premises, pool, equipment and facilities of Angell Animal Medical Center.

Print Name:

Signature:

Date:
