**Physical Rehabilitation Questionnaire:**

Owner details:

Name:

Surname:

ID number:

Phone number:

Street address:

Postal address:

E-mail address:

Alternate contact details:

Patient details:

Name:

Breed:

Age:

Gender:

Usual Vet Practice:

Referred by:

Medical Aid:

Diagnosis:

Details of surgery (if applicable):

Prior conditions:

Diet:

Medications:

Supplements:

Activity level:

Gait:

Mental status:

Comments:

I accept that Paws, Claws & Wings and its employees will not be held responsible for any loss, damage or injury that may be incurred on the premises from any cause whatsoever. Please note all patients must be dewormed and be up to date on all vaccinations. All appointments not cancelled 24 hours prior will be charged for.

I grant my authorization and consent to physical rehabilitation or behavioural treatment and procedures, and certify that no guarantee or assurance has been made as to the results which may be obtained. For the care and treatment provided to this patient, I promise to pay all charges for services rendered to the patient. I understand that any prices quoted to me prior to treatment are only an estimate. Exact costs can only be determined after assessment by the therapist. I authorize Paws, Claws & Wings to obtain any records pertaining to the patient from the veterinarians who have treated the patient. Any photos or videos taken may be used as advertising material.