



*Integrative Medicine, Sports Conditioning,
and Rehabilitation*

2256 Cable Road
Camino, CA 95709
Phone: (530) 574-4634
Fax: (530) 663-8416

www.mountainsidevetrehab@yahoo.com

This intake form will be required before first examination. Thanks!

Date:

Client Information

Name:

Spouse/Partner:

Mailing Address:

Physical Address (if different):

Day Phone:

Type:

Name:

Secondary Day Phone:

Type:

Name:

Evening Phone:

Type:

Name:

Other Phone:

Type:

Name:

Other Phone:

Type:

Name:

Email:

How would you like to be contacted:

Primary Contact Number:

Best time to reach you:

Referring Veterinarian

Clinic Name:

Veterinarian:

Phone:

Patient Information

Name:

Species:

Aprox. Date of Birth:

Sex/Altered:

Weight (pounds):

Color:

Rabies, DHPP (Distemper/Parvo), and Bordetella vaccines current:

Has your pet had a heartworm test within the last year:

Is your pet on heartworm prevention:

Has your pet had bloodwork within the past year:

Diet:

Brand:

Variety:

Wet/Dry:

Amount (per day):

What treats does your pet get and how often:

Medications and Supplements including dosages and frequency:

Past medical problems:

Does your pet have any aggressive/nervous tendencies:

Does your pet have any allergies:

If yes, describe:

Does your pet have any mobility issues:

Will your pet require assistance:

What is your ultimate goal for your pet:

If your pet is a performance dog what events and organization does it compete in:

Referral Information

Referral for which modality:

Please tell us what brings you in to Mountainside Veterinary (presenting concern for your pet):

When did you first notice the problem:

Has the condition:

Is your pet experiencing pain:

If so, what level/symptoms:

Were x-rays performed:

Was surgery performed:

Any problems with urination/defecation:

Other Information

Where did you hear about us/who referred you:

*If you have videos of your pet, please send the link ahead of time to www.mountainsidevetrehab@yahoo.com

We will be contacting your veterinarian for approval for referral and records

Liability Agreement

Please initial each line to indicate you have read and understood the information provided.

Your pet has been referred to Mountainside Veterinary for a rehabilitation evaluation and therapy. 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 (nail trims, examinations, vaccines, x-rays, blood work, etc.

All pets must be restrained by a leash or placed in a kennel or carrier prior to entering Mountainside Veterinary and must remain so while in our facility unless receiving treatment by a veterinarian or animal rehabilitation therapist. This is for your pet's safety and the safety of other pets and clients. We kindly ask that you do not bring other pets (and children for the first appointment) to rehab appointments unless you have multiple dogs receiving rehabilitation care.

I understand that Mountainside Veterinary's recommendations and treatments of my pet constitute no guarantee of results and are based, to some degree, on the information that I supply.

I understand and agree that in admitting my dog to the use of its facility, Mountainside Veterinary has relied on my representation that my dog is in good health or I have disclosed any known health issues. I understand pets must be clean, well groomed (including trimmed nails), parasite free, and free of contagious diseases before treatment.

We request that in situations requiring appointment cancellation that we receive a 24-hour notice. If a 24-hour notice is not given you may be charged a \$50 late cancellation fee. This allows us to provide that appointment time to another pet in need. We understand that emergencies arise and appreciate you keeping us informed of unforeseen circumstances.

Payment is due at the time of service in the form of cash, personal check or any of the major credit cards. There will be a service charge of \$25 for any check returned unpaid. All services purchased and fulfilled are non-refundable, but we will be able to refund the price for any unused services due to medical issues or unforeseeable circumstances. We will gladly prepare a written estimate, please ask.

I have documented any issues in the past of harm, aggression, or threatening behavior towards any person or any dog.

I agree that there are inherent risks to me associated with the use of Mountainside Veterinary facilities arising out of or associated with use and conditions such as wet floors, exercise mats, therapy equipment, and other pets. In consideration for Mountainside Veterinary granting me permission to use their facilities, I agree to release Mountainside Veterinary from liability arising out of or associated with such use, and hereafter waive any and all claims which may arise out of or be associated with such permissive use of the facilities.

Rehabilitation and clinic equipment is to be used only by or under the supervision of the staff. Do not attempt to use, climb, jump, or balance on any of the rehabilitation or clinic equipment you may encounter during your visit.

I understand that I am solely responsible for any harm caused by my dog(s) while my dog is utilizing the facilities of Mountainside Veterinary. This includes any harm to persons and/or other dogs as well as to the physical property of Mountainside Veterinary.

Mountainside Veterinary tries to be active in the world of social media. We are asking for your consent to share your pet's picture, video, and/or story on our social media web pages and on our websites for the purposes of education, promotion, or advertising.

Please select one of the following options (please check one):

I authorize the use of my pet's image, name, and story for these purposes.

I do not authorize the use of my pet's image, name, and story for these purposes.

*Mountainside Veterinary will never share any of your personal information over the internet.

I certify that I have read and understand this Agreement, and that the information set forth above is true and correct. I agree to accept all the terms, conditions, and statements of this agreement, and any rules or regulations of Mountainside Veterinary.

Owner's Signature: _____ Date: _____
(Please sign at time of first appointment)

Name (please print): _____ Pet's Name: _____

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 out our website www.mountainsidevetrehab.net for updated blogs and pet success stories!