



Fetch Canine Rehab LLC

Date: _____

Owner's Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Preferred Contact Number: _____

Email: _____

Pet's Name: _____ Age: _____

Sex: Male: _____ Female: _____

Breed: _____ Spayed/Neutered: _____

What is your dog being evaluated for today? _____

Vaccines (please check): DHPPC/L () Rabies () Bordetella ()

Is your pet on any medications including heartworm prevention?

Does your pet have any allergies, illnesses or special conditions?

Is your pet aggressive towards humans or other animals?

Family Veterinarian: _____ Phone: _____

How did you hear about FETCH? _____

Payment Policy/Treatment Authorization:

It is Fetch’s policy to provide an estimate of fees for any skilled intervention provided to your pet. Payment is required in full prior to treatment with the balance to be **PAID IN FULL** before your pet is discharged from physical therapy if a balance is accrued.

We cannot be responsible for personal items left with your pet. These items include bedding, toys, collars, leashes. Comfortable bedding will be provided by Fetch.

I accept all financial responsibility for **ALL CHARGES** incurred for this patient.

I agree to release Fetch Canine Rehab from all liability relating to injuries that may occur during physical therapy.

We routinely feature our patients on social media. No personal information will be depicted. By signing below, you authorize Fetch Canine Rehab to display your pet’s image online.

Signature of Owner/Authorized Representative: _____

Date: _____

Witness: _____

Date: _____