



# New Client Information

5520 N. Nevada Avenue, Suite 150  
 Colorado Springs, CO 80918  
 Phone: 719.266.6400 / 800.791.2578  
 Fax: 719.260.0823  
[www.coloradopetrehabilitation.com](http://www.coloradopetrehabilitation.com)

<b>Owner/Guardian</b>	
Name _____	Address _____
Home Phone _____	_____
Work/Cell Phone _____	Email _____
<b>Companion</b>	
Name _____	Age or Date of Birth _____
Breed _____ Color _____	Gender _____ Spayed _____ Neutered _____

<b>General Medical History</b>	
Date of last rabies vaccination _____	Allergies _____
Diet (type, frequency, and amount) _____	
Past medical history (not related to current problem) _____	
_____	
_____	
Current medications (including nutraceuticals and antiinflammatories) _____	
_____	
Previous surgeries (not related to current problem) _____	
_____	

<b>History of Current Problem</b>
Date of surgery or onset of problem _____
History of present injury or illness _____
_____
_____
_____
Please describe your companion's activity level before and after the onset of this injury or illness: _____
_____
_____
What are your goals for rehabilitation of your companion? _____
_____
_____

**Authorization:** I hereby authorize Colorado Pet Rehabilitation to evaluate and treat the above-mentioned pet. I assume all charges incurred in the care of the animal. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. I consent to release all medical information to and from my regular veterinarian.

**Cancellation and No-Show Policy:** At Colorado Pet Rehabilitation we excel in quality care by scheduling the appropriate amount of treatment time for each patient. Your appointment is a specific time that we set aside especially for you, so it is important to be timely. If you are unable to keep your appointment, YOU MUST NOTIFY THE OFFICE 48 HOURS IN ADVANCE. You will be charged a normal appointment fee for no-shows and cancellations made less than 48 hours in advance. Given the proper notice, we can frequently schedule in other patients. This fee must be paid prior to any further appointments. Thank you for your consideration and assistance.

**I have read and understand the above described policies.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_