

# New Patient Information Form - Swim/Play

## Owner Information

### Name

First Name      Last Name

### Address

Street Address

Street Address Line 2

City                      State / Province

Postal / Zip Code

### Phone Number

Area Code                      Phone Number

### Email

example@example.com

## Patient Information

**Name**

**Breed**

**Age**

**Sex**

**Current Veterinary Hospital**

**Diet**

**Is your pet up to date on all vaccines? Proof of vaccination is required at your first appointment**

Yes

No

Unsure

**If your pet is attending a swim session, describe their previous experience with swimming, if any:**

**Describe your pets regular activity level and daily routine:**

**Describe your goals for your pets swim/play session:**

**If you need to cancel or reschedule for any reason, please contact us as soon as possible so that we can offer this time to another client. Appointments cancelled with 24 hours or less notice may be non-refundable.**

I understand

By signing this document, By submitting this document, I understand that my pet has either a) been referred by my veterinarian for rehabilitation of a specified condition or b) can benefit from general fitness and conditioning. My pet will not undergo any diagnostic procedures or receive treatment for any new or unrelated concerns during rehabilitation session. All such concerns should be discussed with my veterinarian prior to or following the rehabilitation session. I understand that Blue Springs Veterinary Rehabilitation Center does not solicit for or have any direct association with surrounding veterinary hospitals. I understand that my pet can not be seen at Black Creek Animal Hospital for veterinary care within 1 year of referral to Blue Springs Rehabilitation Center.

**Species**

- Canine
- Feline
- Other

**Has your pet been examined by a veterinarian in the past year and been deemed fit for swimming or conditioning?**

- Yes
- No
- Unsure

**Describe your pets environment - Stairs? Flooring? Other pets? etc**