



INTAKE FORM

Date: _____

Owner's Name: _____

Spouse/Partner Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Preferred Contact Number: _____

Email: _____

How did you hear about Zoomies? _____

Pet's Name: _____

Age: _____ Sex: M / F Neutered/Spayed: Y / N Weight: _____

Breed: _____

Primary
Veterinarian/Surgeon: _____

Reason for Appointment: _____

Does your dog have any allergies, illnesses or special conditions? _____

What medications, if any, is your pet currently taking? _____

What supplements, if any, is your pet currently taking? _____

Is your pet aggressive toward other animals or humans? _____



CONSENT AND RELEASE FORM

By signing this form I acknowledge that Whitney Mitchell, MPT has disclosed to me the nature of her treatments and recommendations and I have all my questions and concerns answered. I also give Whitney Mitchell, MPT, consent to contact and communicate with any of the veterinarians and/or clinics who have provided care for my pet presently or in the past. Communication may include but is not limited to medical history, diagnostic exams, current diagnosis, medication profile, treatment provided, and rehabilitation plans of care.

I understand that the treatments provided by Whitney Mitchell, MPT, may not provide the results expected, and there is no guarantee of results. I agree to provide Whitney Mitchell, MPT with all the information I currently have regarding my pet so they can better understand the medical history and provide appropriate recommendations. I authorize Whitney Mitchell, MPT to provide the treatment techniques agreed upon between both parties.

Liability

I agree to release Whitney Mitchell, MPT from all liability relating to injuries that may occur during physical therapy.

Finances

I agree to pay Whitney Mitchell, MPT the fee agreed upon ahead of time for each visit. Payment will be due at the time of service. Payment is due in the form of check or cash.

Emergencies

In the event of an emergency, if I am not present, Whitney Mitchell, MPT, will attempt to call me immediately. If unable to reach me, I authorize Whitney Mitchell, MPT to directly call my veterinarian as soon as possible. If needed, I also authorize Whitney Mitchell, MPT to take my pet to the nearest emergency veterinary clinic, unless I designate a specific one as my preference. If this occurs, I waive Whitney Mitchell, MPT of any and all costs associated with the care of my pet at the veterinary clinic.

Image Release

I authorize Whitney Mitchell, MPT to use any pictures or videos of my pet for promotion, marketing, or educational purposes. This may include but not limited to social media and videos.

Signature of Owner/Authorized Representative: _____

Date: _____

Signature of Witness: _____

Date: _____