

Please email or bring completed form to:

Email: [DrJ@ThePawStand.com](mailto:DrJ@ThePawStand.com)

The PawStand, Inc.

2421 Van Fleet Circle, Ste 150, Doraville, GA 30360

[www.ThePawStand.com](http://www.ThePawStand.com)



## The PawStand Client Information Form

### Referring Veterinary Information

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Veterinary Hospital: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Client & Pet Questionnaire

Client Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Client Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Pet's Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Male ☐ Female ☐ Spayed/Neutered Yes ☐ No ☐

Pet's Weight: \_\_\_\_\_ Vaccination Up To Date: Yes ☐ No ☐

**Pet's Temperament** - Please check all that apply below:

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Playful        | <input type="checkbox"/> Timid      | <input type="checkbox"/> People Aggressive |
| <input type="checkbox"/> Dog Aggressive | <input type="checkbox"/> Has Bitten | <input type="checkbox"/> Will Bite         |

What brings you to The PawStand Rehabilitation & Fitness Center? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give your pet's history/conditions/current or prior surgeries: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Pet and Client Allergies: \_\_\_\_\_

What are your goals for your pet? \_\_\_\_\_

\_\_\_\_\_

Home life - Stairs, in/around home? \_\_\_\_\_

Flooring – Carpet, throw rugs, hardwood etc...? \_\_\_\_\_

Pet's activity level: Athlete, Active, Neighborhood Walks (distance, how days out of the week), Inactive? \_\_\_\_\_

**Sleep Areas – Pet Bed, Human Bed, Crate, Other?** \_\_\_\_\_  
**Other pet's in the home?** \_\_\_\_\_  
**What food do you feed your pet?** \_\_\_\_\_  
**What treats do you feed your pet?** \_\_\_\_\_  
**Pet's typical stool consistency:** Hard, Firm, Soft, or Runny? \_\_\_\_\_

### **Treatment Authorization, Waiver, and Release**

I hereby consent and authorize The PawStand's Canine Rehabilitation & Fitness Center to perform rehabilitation and/or fitness services for my pet, \_\_\_\_\_. I acknowledge and agree that The PawStand's Canine Rehabilitation & Fitness Center does not provide veterinary treatment or advice. I agree to discuss any conditions regarding my pet with a licensed veterinarian. I acknowledge and agree that The PawStand's Canine Rehabilitation & Fitness Center makes no guarantees that the services in part or fully achieve the desired outcome. I agree to pay for all canine rehabilitation and/or fitness services prior to or at the time they are rendered. I understand that I will be charged the full fee if I do not cancel or reschedule my appointment within 24 hours of the set appointment date.

Canine rehabilitation and/or fitness is a joint venture among the pet, the pet parent(s) and The PawStand's Rehabilitation & Fitness Center. Pet parents are required to take an active role in the rehab process and/or fitness program of their pet(s). My agreement includes punctual attendance to all scheduled appointments, maintenance of communication regarding concerns, updates and progress of my pet. \_\_\_\_\_ (initial)

**My pet will receive rehabilitation and/or fitness at The PawStand. I am in agreement with the following terms:**

1. I have provided The PawStand's Rehabilitation & Fitness Center with a thorough medical history of my pet.
2. I have provided The PawStand's Rehabilitation & Fitness Center with a signed referral by my veterinarian.
3. My veterinarian is in agreement with the The PawStand's Rehabilitation & Fitness Center's program for my pet, which may include but is not limited to, underwater treadmill exercise, modalities, manual therapy, and/or home exercises.
4. My veterinarian has cleared my pet for participation in rehabilitation and/or fitness at The PawStand's Canine Rehabilitation & Fitness Center and has made me and the PawStand's canine rehabilitation therapist aware of any contraindications or precautions regarding my pet.
5. I understand that The PawStand's Rehabilitation & Fitness Center reserves the right to refuse my pet for rehabilitation and/or fitness participation if my pet is deemed dangerous to the staff or guests of The PawStand.

\_\_\_\_\_ (initial) Optional Video Consent: I hereby consent and give permission to The PawStand's Canine Rehabilitation & Fitness Center to publish, produce, or otherwise use photographs, videos, or other likeness of my pet for the use of instruction, art, advertising, trade or other lawful purposes. This includes but is not limited to use on the facility's website, social media, YouTube, newsletter, brochure, and on its premises. I do hereby waive any interest I may have in the finished product and all rights to payment or compensation.

I am in agreement with all the waiver and release terms. I hereby authorize the therapists and the team members at The PawStand's Rehabilitation & Fitness Center to provide rehabilitation and/or fitness for my pet, including whatever procedures and/or modalities are deemed appropriate.

On behalf of myself, my family, and personal representatives, I agree to hold harmless and release The PawStand, Inc., its owners and team members from ANY and ALL responsibility, liability, claims, causes of action, or demands of any nature or cause, including costs and attorney's fees.

I have read and accept the above terms and conditions and will act as a responsible and invested party regarding the care of my pet.

\_\_\_\_\_  
*Pet Parent Signature*

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

### **The PawStand Office Use Only**

\_\_\_\_\_  
*Department Manager Signature*

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