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REHABILITATION REGISTRATION

Client: _____

Pet Information: Pet: _____ Age: _____ Sex: _____
Spayed/Neutered? _____

Breed: _____

Any dietary restrictions/food allergies? No Yes

Which treat flavors do you think your pet would prefer:

Appetite: normal increased decreased

Does your pet have full control of its bowels? No Yes

Does your pet have full control of its bladder? No Yes

Historical/Pertinent Information:

Previous orthopedic injuries/surgeries:

Current medications/supplements

Adverse reactions to ANY medications:

Current activity and restrictions:

Level of activity:

Sedentary (out to eliminate only)

Light walks _____ times a weeks for _____minutes each walk

Moderate walks _____ times a week for _____minutes each walk

Rigorous walks _____ times a week for _____ minutes each walk

Previous/current rehabilitation therapies

Flooring: hardwood tile stone carpet linoleum

Stairs: no yes # _____

Other Pets: no yes # _____

Family Limitations:

None

Cannot physically participate

Some physical limitations

Inflexible schedule

Family Expectations: please x

Pain free and carry out bodily functions

Short walks

Home activities (ie. stairs, jump on bed, safe in the yard)

Weekend activities (for example, walks, beach, hiking)

Return to full function/competition

Any other information not included above:

Consent for Rehabilitation

Owner/Agent's Name: _____

Pet: _____ Age: _____ Sex: _____ Breed: _____

- . I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent.
- . The nature of rehabilitation has been explained to me and I have been advised of risks and contraindications associated with the treatment of my pet.
- . I have provided the facility with an accurate and thorough medical history of my pet.
- . I understand the nature and purpose of rehabilitation, therapeutic exercise, and/or hydrotherapy and that such treatment may not obtain my ideal goal.
- . I understand that in some instances, certain conditions can be exacerbated or worsened by rehabilitation and/or hydrotherapy. I am aware that there are serious and potentially fatal risks associated with hydrotherapy, rehabilitation, and some of the exercise programs.

I accept and agree to the terms of the consent for treatment and hereby acknowledge and agree to the above statements and authorize the therapist, or appointed assistant selected or supervised by the therapist, to provide rehabilitation or hydrotherapy for my pet.

Check here to agree on electronic form.

Signed

Date