



**Healing Paws  
Center**

Acupuncture · Rehabilitation · Herbal Therapy · Nutrition  
(954) 955-8888 | 854 East Oakland Park Blvd., Ft. Lauderdale, FL 33334

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

**In order to expedite the record process, we ask that you please make sure to request your records and X-rays from EACH previous veterinary hospital/clinic and e-mail to**

[Info@HealingPawsFL.com](mailto:Info@HealingPawsFL.com)

### PATIENT QUESTIONNAIRE

GENERAL INFORMATION		
Client Name:		
Pet Name:	Breed:	Age:
Gender:		
What is your pet's Instagram Username?	Follow us at @HealingPawsCenter954	

PREVIOUS VETERINARIANS:	
General practitioner & hospital name:	
Specialist practitioner & hospital name:	

What services are you interested for your pet?	
Check all that apply.	
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Laser Therapy
<input type="checkbox"/> Physical Therapy / Rehabilitation	<input type="checkbox"/> Infrared Imaging (Thermography)
<input type="checkbox"/> Herbal Therapy	<input type="checkbox"/> Magnetic Pain Relief Therapy
<input type="checkbox"/> Underwater Treadmill	<input type="checkbox"/> Nutrition Plan
<input type="checkbox"/> Cancer Treatment	<input type="checkbox"/> Wheelchair/Prosthetic/Orthotics
<input type="checkbox"/> Therapeutic Massage for my pet	<input type="checkbox"/> Ozone Therapy
<b>**Don't forget to check out our Video Center at <a href="http://www.HealingPawsFL.com">www.HealingPawsFL.com</a>!</b>	



**YOUR PET**

***Please provide a brief medical history of your pet (including medical conditions and date of occurrence, surgeries performed, date performed, surgeon, etc.)***

**Please list your goals for your pet . . .**

For example, increasing lengths of daily walks, or being able to jump into or out of the car....

1.

2.

**Please circle ANY of the following items that seems associated with your pet:**

**Prefers:**

Shade/cool locations

Concrete/tile floor

Air conditioning

Sun/warm areas

Under blankets

Carpet/bedding

No preference

**Feces:**

Normal

Bloody

Dry

Loose Diarrhea

Bad odor

Leakage noted **at**  
times

**Urine:**

Short stream

Long stream

Leakage noted **ALL**  
the time

Normal

Leakage noted **just**  
when sleeping

**Sore/Stiffness:**

Present a few days-  
weeks

Present months-  
years

Not present



**DIET HISTORY**

**What do you feed your pet? How much of each item? Please include any treats, home-cooked food, snacks.**

	Amount fed	How often
Dog food brand name		
Treats		
Human Food		

**MEDICATION / SUPPLEMENT HISTORY**

Name	Dose given:	Frequency given:	Date started on:
1.			
2.			
3.			
4.			
5.			

***Please select ANY of the Treats that your pet may have while in our clinic:***

Yogurt

Peanut butter

Turkey

**NONE!** I will bring  
my own treats for  
my pet



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**Does your pet have any history of seizures?**

**Has your pet ever bitten someone or another pet?**

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**CONSENT FORM**

Last name: \_\_\_\_\_

Address: \_\_\_\_\_

First name: \_\_\_\_\_

City: \_\_\_\_\_

Home phone: \_\_\_\_\_

State: \_\_\_\_\_

Work phone: \_\_\_\_\_

Zip code: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Spouse/Partner: \_\_\_\_\_

Phone: \_\_\_\_\_

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**How did you hear about the Holistic Healing Paws Center?**

\_\_\_ Google – if so what terms did you Google? \_\_\_\_\_

\_\_\_ Yelp

\_\_\_ Friend – Please list the name of the friend (we would love to thank them!)? \_\_\_\_\_

\_\_\_ Veterinarian Referral – Please list the name of the veterinarian: \_\_\_\_\_



### **AUTHORIZATION AND WAIVER FOR PET HEALTH CARE**

Holistic Healing Paws Center has disclosed to me the nature of holistic and complementary therapies and rehabilitative veterinary medicine. I authorize Holistic Healing Paws Center to use the recommended rehabilitative and complementary treatment on my pet/s.

I understand that Holistic Healing Paws Center's recommendations and treatments of my pet constitute no guarantee of results. I further understand that Holistic Healing Paws Center's recommendations and treatments are based upon the information that I supply and that I am not a veterinarian skilled identifying the full extent of possible symptoms.

In consideration of the foregoing, I waive and release any and all rights, claims, and causes of action I have or may have against Holistic Healing Paws Center and its affiliates, officers, directors, employees, representative, successors and assigns, that may arise as a result of any of Holistic Healing Paws Center's recommendations and treatments of my pet/s, including but not limited to any hydrotherapy, veterinary acupuncture, therapeutic exercise, or other treatments or care.

I agree that there are inherent risks to me associated with use of Holistic Healing Paws Center facilities arising out of or associated with use and conditions such as wet floors, exercise mats, and other dogs. In consideration for Holistic Healing Paws Center granting me permission to use their facilities I agree to release Holistic Healing Paws Center from liability arising out of or associated with such use, and hereafter waive my and all claims which may arise out of or associated with such permissive use of the Holistic Healing Paws Center facilities.

I authorize Healing Paws Center to utilize laser therapy on my pet for the purposes of alleviating pain and inflammation. Laser therapy is contra-indicated at the direct site of cancer or any mass. X-rays, cytology, and any staging/grading system is always recommended for a patient if any mass exists on the body to rule out the presence of cancer. I waive and release any and all rights, claims, and causes of action I have or may have against Holistic Healing Paws Center and its affiliates, officers, directors, employees, representative, successors and assigns, that may arise as a result of any of Holistic Healing Paws Center's recommendations and treatments of my pet.

**Initials** \_\_\_\_\_



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**Cancellation policy:**

- We require **TWO (48 hour) BUSINESS DAYS notice (we are not open on weekends)** for any and all cancellations. This allows us adequate time to contact individuals on our wait list, and fill your appointment slot.
- Failure to provide 48 hours' notice will result in a cancellation fee and your deposit will be forfeited. We require another deposit to reschedule for a later day.

**Late policy:**

- **Late arrivals of more than 10 minutes** may be required to reschedule to another day. A cancellation fee will be required.

Appointments for late arrivals will be shortened or cancelled.

**Initials** \_\_\_\_\_

**Financial**

**Authorization to store credit card**

\_\_\_\_ **I DO** Authorize Healing Paws Center to store my credit card on file. ***(please be advised we only see the last 4 digits of the card when stored)***

\_\_\_\_ **I DO NOT** Authorize Healing Paws Center to store my credit card.

Products purchased at Holistic Healing Paws Center may NOT be returned for a full refund if they leave the premises. Special orders (especially herbal orders) cannot be returned.

**Initials** \_\_\_\_\_

**Health and Safety**

Pet must be clean, well-groomed (including trimmed nails) and parasite free with no signs of fleas, ringworm, mange or contagious diseases before coming to Holistic Healing Paws Center. Healing Paws reserves the right to refuse pet/s based on these criteria.

All pets must be restrained by a leash or placed in a kennel or carrier prior to entering Holistic Healing Paws Center and must remain so while in our facility unless being treated by a veterinarian or animal rehabilitation therapist. This is for your pet's safety, the safety of other pets. Rehabilitation and clinic equipment is to be used only by or under the supervision of the



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staff in caring for our patients. Do not attempt to use, climb, jump, or balance on any of the rehab and clinic equipment you may encounter during your visit. Do not enter another treatment room, hydrotherapy room, rehab therapy gym or other room in the center unless escorted by a staff member.

**Initials** \_\_\_\_\_

### **Medical Emergencies**

Should an accident or medical problem occur while your pet is boarding with us and immediate intervention is needed, a Holistic Healing Paws Center veterinarian shall oversee necessary treatment and contact you and your primary care veterinarian as soon as possible. Should your pet need immediate treatment beyond the scope of Holistic Healing Paws Center's capabilities, such as surgery, your pet may be transported to another location for care.

**Initials** \_\_\_\_\_

### **Underwater Treadmill/Resistance pool appointment time:**

Hydrotherapy sessions in underwater treadmill are scheduled in 30 minute blocks. At the end of the treatment and within the 30 minute frame, the animal rehabilitation therapist will towel dry your pet. Appointment for late arrivals will be shortened to meet the scheduled completion time unless time is available to enable an extension.

**Initials** \_\_\_\_\_

### **Talent release**

Holistic Healing Paws Center often photographs and videos patients while at Holistic Healing Paws Center for the purposes of education, promotion or advertising.

### **PLEASE CHOOSE ONE OF THE BELOW:**

\_\_\_\_ I **DO** AUTHORIZE the use of my pet's image or likeness for these purposes.

### **OR**

\_\_\_\_ I **DO NOT** AUTHORIZE the use of my pet's image or likeness for the purposes.

I have read and understand the above Holistic Healing Paws Center waiver and policies.

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

Print full name \_\_\_\_\_



## BRIEF OVERVIEW OF SERVICES



### **Acupuncture Therapy**

What is it? Precise placement of needles into exact areas to stimulate neurotransmitters and more.

Indications: ARTHRITIS, herniated disc, inflammation, pain, CANCER, organ problems.

### **Laser Therapy**

What is it? Non-invasive pain-free drug-free therapy to stimulate healing.

Indications: ARTHRITIS, inflammation, wounds, hot spots, skin allergies.



### **Physical Therapy**

What is it? Land-based exercises, TENS therapy, and more.

Indications: ARTHRITIS, herniated disc, pain, tendon/ligament issues, knee issues, degenerative myelopathy.

### **Ozone Therapy**

What is it? Super oxygenation therapy to optimize the body.

Indications: Inflammation, CANCER, wounds, hot spots, skin allergies.



### **Underwater Treadmill Therapy**

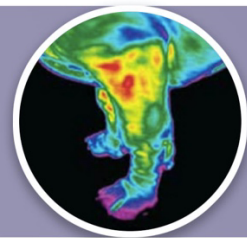
What is it? Warm water hydrotherapy..




Indications: ARTHRITIS, herniated disc, pain, tendon/ligament issues, knee issues, degenerative myelopathy.

### **Infrared Imaging**

What is it? Non-invasive thermograph to tell us the EXACT location of heat, inflammation, and pain.

Indications: Any painful condition.



   Check us out on Social Media!