



www.HealingpawsFL.com

**PATIENT QUESTIONNAIRE**

| <b>GENERAL INFORMATION</b>             |                                    |      |
|--|------------------------------------|------|
| <b>Client Name:</b>                    |                                    |      |
| Pet Name:                              | Breed:                             | Age: |
| Gender:                                |                                    |      |
| What is your pet's Instagram Username? | Follow us at @HealingPawsCenter954 |      |

| <b>PREVIOUS VETERINARIANS:</b>           |  |
|--|--|
| General practitioner & hospital name:    |  |
| Specialist practitioner & hospital name: |  |

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



**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:***

|                 |                      |                     |                  |
|-----------------|----------------------|---------------------|------------------|
| <b>Prefers:</b> | Shade/cool locations | Concrete/tile floor | Air conditioning |
|                 | Sun/warm areas       | Under blankets      | Carpet/bedding   |

No preference

|               |                |          |   |
|---------------|----------------|----------|---|
| <b>Feces:</b> | Normal         | Bloody   | Dry                                     |
|               | Loose Diarrhea | Bad odor | Leakage noted <b><u>at</u></b><br>times |

|               |              |             |   |
|---------------|--------------|-------------|---|
| <b>Urine:</b> | Short stream | Long stream | Leakage noted <b><u>ALL</u></b><br>the time       |
|               | Normal       |             | Leakage noted <b><u>just</u></b><br>when sleeping |

|                        |                              |                          |             |
|------------------------|------------------------------|--------------------------|-------------|
| <b>Sore/Stiffness:</b> | Present a few days-<br>weeks | Present months-<br>years | Not present |
|------------------------|------------------------------|--------------------------|-------------|



| <b>DIET HISTORY</b>   |            |           |
|---|------------|-----------|
| <b>What do you feed your pet? How much of each item? Please include any treats, home-cooked food, snacks.</b> |            |           |
|   | Amount fed | How often |
| Dog food brand name   |            |           |
| Treats  |            |           |
| Human Food  |            |           |

| <b>MEDICATION / SUPPLEMENT HISTORY</b> |             |                  |                  |
|--|-------------|------------------|------------------|
| 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?**

**When you take your pet to the veterinarian, is a muzzle utilized? (We ask this question to ensure the safety of our staff and patients).**

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**CONSENT FORM**

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

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

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

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

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

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

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

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

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

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

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



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\_\_ 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 acknowledge and agree that phone calls may be recorded for quality assurance, training, customer service, and legal compliance purposes. Additionally, I consent to live video and audio recording during any on-site interaction for the purposes of security, training, and monitoring. I understand that these recordings may be stored, used, and disclosed in accordance with the organization's policies and applicable laws.

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 and/or equipment for my pet.

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.

**Cancellation policy:**

- We require **THREE (72 hour) BUSINESS DAYS notice (we are not open on weekends, thus require any cancellations for Mondays to be PRIOR to Wednesday)** for any and all cancellations. This allows us adequate time to contact individuals on our wait list, and fill your appointment slot.
- Consultation: Failure to provide 72 business hours' notice will result in a cancellation fee and your deposit will be forfeited. We require another deposit to reschedule for a later day.
- General Appointments: Failure to provide 48 hours' notice will result in a loss of one session of your packages or individual fee.

**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.



### **Financial**

I understand ALL purchased sessions must be utilized within 90 days from the date of purchase. Failure to schedule and attend sessions within this timeframe will result in the expiration of unused sessions without entitlement to a refund or credit.

All product sales are final. No returns or exchanges once the item/s has left the premises.

Payment for services rendered is due at the time of service. Failure to remit payment at the time of service WILL result in late fees, interest charges, or suspension of further services.

### **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 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.

### **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, you pet may be transported to another location for care.

### **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** \_\_\_\_\_



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**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.

I, the below signed owner, agent of the owner, or Good Samaritan, responsible for seeking veterinary care for the pet identified, certify that I am eighteen years of age or over.  
By receiving and signing this document, I certify that I have read this document, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of this document.

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

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

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





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## 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**

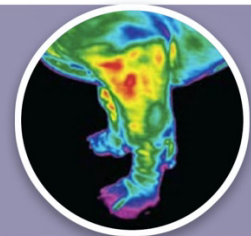
What is it? Warm water hydrotherapy.




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!