



**BY APPOINTMENT ONLY:
8:00am - 5:30pm (Monday- Friday)**

NEW CLIENT INFORMATION FORM

OWNER _____ LAST 4 OF SS# _____

DATE OF BIRTH _____

SPOUSE _____ LAST 4 OF SS# _____

DATE OF BIRTH _____

PATIENT NAME _____ BREED _____ COLOR _____

DATE OF BIRTH _____ SEX _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

SPOUSE CELL _____

EMAIL _____

PREFERRED METHOD OF CONTACT: HOME _____ CELL _____ TEXT _____ EMAIL _____

Cancellations, Late Arrivals, Missed Appointments

We are committed to providing exceptional patient care. Unfortunately, when one client cancels without giving enough notice, they prevent another patient from being seen. **Please call us at (574) 825-9578, 24 hours prior to your scheduled appointment to notify us of any changes or cancellations.** If prior notification is not given, you will forfeit one package session for the missed appointment. Late arrivals will be shortened to meet the scheduled time unless time is available to enable an extension.

Initials _____

Financial

Payment is due at the time of service and can be in the form of cash, personal check, Master Card, Discover, Visa, Apple Pay, or Care Credit. Delayed payment or returned checks are subject to a \$30 fee.

All services purchased are non-refundable.

Initials _____

Health and Safety

Laser therapy and pulsed electromagnetic frequency (PEMF) is contraindicated for the following conditions:

- Pregnancy
- Pacemaker
- Cancer

If the above applies to you or your pet, please let a staff member know prior to beginning therapies for your pet.

Pets must be clean and parasite free with no signs of fleas, ringworm, or mange.

All pets must be restrained by a leash or pet carrier prior to entering. This is for your pet's safety and the safety of other pets.

Equipment is only to be used by or under the supervision of the staff. Do not attempt to use, climb, jump, or balance on any of the rehab equipment. Also do not enter another treatment room, unless escorted by a staff member. When space allows, you may be able to sit in the gym and observe your pets. However, we can't always guarantee this. Please wait for a staff member to escort you to a chair.

Initials _____

Underwater Treadmill

Please be sure your pet has urinated and defecated before your scheduled underwater treadmill appointment. We understand accidents happen; therefore, the first occurrence is at no charge. However, **the SECOND OCCURRENCE does have a water changing fee of \$75.** If additional occurrences happen, we reserve the right to discontinue underwater therapy services for your pet.

Initials _____

Acupuncture

I hereby authorize and consent to the performance of medical acupuncture of my pet and understand that acupuncture is considered an alternative medicinal therapy. I understand that these acupuncture techniques are regarded as generally being safe. However, some of the side effects that can occur include, but not limited to bleeding, bruising, breaking of a needle, or needle ingestion.

Initials _____

Medical Emergencies

If an accident or medical problem occurs while your pet is with us and immediate intervention is needed, a Middlebury Animal Clinic (MAC) veterinarian shall oversee necessary treatment and contact you and your primary care veterinarian as soon as possible.

Initials _____

Talent Release

Michiana Animal Rehab Services often photographs and videos patients for educational purposes, promotion and/or advertising

(please select one of the following)

_____ I authorize the use of my pet's image or likeness for these purposes

_____ I do not authorize the use of my pet's image or likeness for these purposes

Initials _____

I have read and understand the above waiver and policies

Signature: _____

Date: _____

Printed Full Name: _____