



Patient Details:

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**Patient Name**

Breed

Sex: Male / Female

Age / DOB

Desexed

Y / N

Desexed at what age approximately?

Owner Details:

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**Owner Name**

Address

Phone #

Secondary phone #

Email

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Patient Injury / Concern:

How long ago was the problem first noticed?

Has your pet had surgery? Y / N What surgery have they had?

Can we obtain your pet's history from your veterinarian? Y / N

Veterinarian's contact details:

Is this a competition dog? Y / N (see overleaf with additional questions specifically for competition dogs).

Current medications? Y / N (If yes, please provide details below)

Any previous illness or injuries? Y / N (If yes, please provide details below)

Current supplements? Y / N (If yes, please provide details below)

What does your dog eat?

Allergies? Y / N (If yes, please provide details below)

What is the floor surface at home where your dog lives? (ie lino/wood/carpet/outside deck). Do you have stairs your dog must navigate?

Is your pet comfortable in vet clinics and with strangers handling them? Y / N.

(Please let us know if your dog is nervous, fearful, nippy or aggressive so we can take precautions and/or work slower with them)

Weight (kg) if known:

Is your pet's weight: stable / decreasing / increasing

Owner's goals of treatment:

#### Competition Dog Questions:

What does your dog compete in?

What age did they start training for competition?

What age did they start competing?

How often do they compete?

How often do they practice and for how long roughly?

What are your goals with this dog?



## Rehabilitation Consent Form

At Red Dog Rehabilitation we seek to provide you with up to date rehabilitation assessment, information and treatment options for your pet. Every reasonable care is taken to avoid further injury to your pet or yourself. Rehabilitation is not a substitute for regular veterinary care.

I, (name) \_\_\_\_\_ understand I am attending rehabilitation for my pet (name) \_\_\_\_\_. Payment is to be made at the time of treatment. No accounts are authorised.

Please review the following consent. If you have any questions, please contact the rehabilitation practitioner. Sign below to acknowledge and accept the following:

- 1) My veterinarian is aware that I am pursuing physical rehabilitation and/or starting an exercise program for my pet. If not, I understand Red Dog Rehabilitation will inform them.
- 2) I have provided Red Dog Rehabilitation with a complete and accurate medical history of my pet.
- 3) I understand that physical rehabilitation can involve various types of therapeutic exercise and physical modalities (as per the descriptions in the website (<http://www.reddogrehab.co.nz/rehabilitation-treatment-information.html>)).
- 4) With regards to acupuncture, I understand specific risks apply. Acupuncture complications are rare, they may include, but are not limited to: broken needle under the skin, needle ingestion, infection, bleeding, nerve damage, pneumothorax.
- 5) I acknowledge that a person trained in canine physical rehabilitation will discuss the proposed treatments with me, including the risks involved. I understand I will have the opportunity to ask questions and if I do not understand the procedure or am not happy with the associated risks, I may ask for further information or decline treatment at any time. By accepting treatment, I am giving my informed consent.
- 6) I understand that results cannot be guaranteed and that certain conditions may be exacerbated by physical rehabilitation and/or exercise. I understand that not all complications can be predicted and some complications may result in further diagnostic tests, treatments, or procedures. I understand the costs associated with any complication, that may arise from or during the rehabilitation and/or exercise program of my pet are not the responsibility of Red Dog Rehabilitation or its employees.
- 7) I understand I may be referred back to my veterinary clinic for additional testing prior to starting treatment.
- 8) I understand that any damage caused by my pet while in my care or a designated guardian's care, will remain my responsibility, including bite injuries to other dogs or staff. I acknowledge, I must keep my dog on lead while on the premises.
- 9) If I feel concerned or have any queries regarding the care given, I understand I can email [steph@reddogrehab.co.nz](mailto:steph@reddogrehab.co.nz), phone or speak in person to the staff to seek a resolution. If a resolution is not reached, I understand I can contact the Veterinary Council of New Zealand.
- 10) I understand my primary veterinarian or their representative (ie; after hours clinic) will continue to provide my pet's emergency veterinary care.
- 11) I acknowledge this is a fee based service and will pay upon invoicing. Any bad debtors will be contacted 3 times via phone or email prior to handing over to debt collectors.

I have read and understand the above information. I am over 18 yrs of age and provide my consent for rehabilitation care for my pet at Red Dog rehabilitation .

Signed:

Name:

Date: