



Therapeutic Options

Twinbrook Animal Clinic, Inc.
Registration Form

CLIENT INFORMATION

Name: _____ Spouse/ co-owner: _____

Address _____

Phone #: _____ Phone #: _____ Email: _____

PET INFORMATION

Pet's name: _____ Species: _____ Breed: _____

Date of Birth: _____ Sex: M Neutered F Spayed Color: _____

If your pet is spayed or neutered, at what age was it done?: _____

Allergies?: _____ Current medications: _____

Pet Owner Responsibility Agreement and Conditions of Admission

Statement of Purpose: Veterinary rehabilitation is a joint venture between the pet owners and the staff of Therapeutic Options (a part of Twinbrook Animal Clinic Inc.). Pet owners need to take responsibility and make a commitment to the recovery process and/or conditioning of their pet. This commitment includes attending all scheduled appointments, performing home exercises as recommended, keeping open communication with the staff of Therapeutic Options about progress or changes in condition and maintaining financial responsibility for services rendered by Therapeutic Options.

The following list details the Pet Owners responsibilities and conditions of admission for full participation in therapy:

1. I understand that I give my consent and request and authorize this facility, its employees, agents, and other affiliates to provide rehabilitation care including, without limitation, routine diagnostic procedures, and veterinary medical treatment, which is to include whatever procedures are deemed necessary by the staff of Therapeutic Options. I also understand that by giving this consent I am aware that the practice of veterinary rehabilitation is not an exact science and acknowledge that no guarantees have been made regarding the results that may be obtained.
2. I am the person legally empowered to give this consent and that I am responsible for payment of all charges. I agree and promise to pay the charges for services rendered in accordance with the Twinbrook Animal Clinic, Inc. current rates.

3. I agree to attend all scheduled appointments. If I cannot attend an appointment and need to cancel, I will call Twinbrook Animal Clinic, Inc., preferably 24 hours prior to the scheduled appointment, to cancel so that other pet owners might be able to use my appointment slot.
4. I understand that if I do not show for two appointments and I do not call Twinbrook Animal Clinic, Inc. to offer an explanation, the staff of Therapeutic Options may discharge my pet from therapy. In that case, I understand that for my pet to return to therapy, I will need to commit to full participation in treatment and that a return to therapy will be conditioned upon the staff of Therapeutic Options consent. Payment in advance may be required.
5. I understand that the staff of Therapeutic Options may ask me to make modifications to my pet's lifestyle and/or have my pet perform exercises outside of the clinic. I also understand that performance of these tasks is an essential part of my pet's treatment, provides Therapeutic Options and myself with valuable feedback on my pet's progress, and allows the staff of Therapeutic Options to monitor and progress my pet based on the results of those tasks.
6. I understand that the staff of Therapeutic Options reserves the right to refuse to admit my pet for rehabilitation and/or conditioning, especially if performing the therapy is a danger to the staff or my pet.
7. I understand that if the staff of Therapeutic Options deems it necessary to trim my pet's toenails, a nail trim will be performed and I will be responsible for payment of the service.
8. I understand that if fleas and/or ticks are found on my pet, flea and tick control will be applied to my pet and I am responsible for payment of this service.
9. I understand that my pet will need to be current on Rabies, DHPP, and Bordetella vaccinations and that they will need to be given by my pet's regular veterinarian.
10. I understand that if my pet needs veterinary services other than physical rehabilitation and/or conditioning, I will be referred back to my regular veterinarian for these services.
11. I understand that with several of the therapeutic modalities that may be used for my pet's rehabilitation it may be necessary to shave my pet's hair in several areas and *I do/do not (circle one)* give my permission to Therapeutic Options to shave my pet's hair in the areas necessary for treatment. _____ **initial**
12. I understand that my pet's case (with my name excluded) may be used as a case study for continuing educational purposes or as a promotion, for example on Twinbrook Animal Clinic, Inc. website, and *I do/do not (circle one)* give my permission for my pet's case to be used. _____ **initial**

I understand your office policy as stated above and I agree to accept my responsibility as a pet owner requesting treatment by Therapeutic Options at Twinbrook Animal Clinic, Inc. for my pet.

Pet Owner Signature

Date

Updated 10/3/24