



Client Welcome Form

300 Unionville-Indian Trail Rd • Indian Trail, NC 28079 • 704-821-7161 • Fax 980-313-8188

Contact Info

Primary Contact/Owner must be age 18 or older

Owner/ 1st Contact Name _____ Email _____

Address _____

Home Phone _____ Cell Phone _____

Secondary Contact _____ Relation to Primary _____

Secondary Phone _____ Secondary Email _____

Referring Veterinarian _____ Primary Veterinarian _____

Preferred Contact Method Cell Home Email Text Best Time to Contact _____

Patient Information

Patient Name _____ Breed _____

Gender Male Female Spayed/Neutered? Yes No Birthdate _____

Please describe the reason for your visit. _____

Past surgeries or major medical history that we should be aware of:

List all medications your pet is currently taking with dosage & frequency (including supplements):

Stiffness & Mobility

Does your pet have trouble with the stairs? Yes No If yes, please describe what you see (trouble going up, trouble coming down, needs assistance, etc.)

How long can your pet walk without getting tired or starting to limp?

Less than 5 min 5 - 15 min 15 - 30 min More than 30 min

Please check all of the following that apply:

"My pet is stiff..."

...all day long

...after long walks or periods of activity

...in the morning only but gradually improves throughout the day



Patient Information Form

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Diet & Activity History

Owner's Name _____

Patient Name _____

Current Diet/ Brand _____

Amount fed per meal _____ Meals/day (or free choice) _____

Does your pet get treats? Yes No If yes, what type & how many? _____

How much activity does your dog get per day?

Less than 15 min a day 15-30 min 30-60 min More than 60 min a day

What types of activity are typical for your pet? (Check all that apply)

Walking Jogging Frisbee Agility Fly Ball Swimming Running in yard

Playing with Toys Play with other dogs/day care Other : _____

Have you noticed recent changes in behavior or activity level? If yes, please describe fully:

I confirm that I am 18 years or older and am the owner or authorized agent for the owner, of this pet and I have the authority to execute this consent to treat. I hereby give Veterinary Rehabilitation and Exercise Clinic of the Carolinas (Vet-REC), and any authorized agents, staff, or representatives, consent and authority to examine, prescribe for and treat my animal.

If I have requested that other services be performed for my pet while it is residing at Vet-REC, I consent to and authorize Vet-REC or its contracted provider(s) to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in Vet-REC's care.

If an emergency situation arises, I authorize Vet REC to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well-being of my pet. I understand I will be responsible for all charges incurred at checkout. For boarding or drop-off patients, any pet not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, and becomes the property of Vet-REC and handled according to our best judgment. I am accepting financial responsibility for all clinic charges and any fees associated with the collection of any unpaid balances. I understand that these charges must be paid at the time of release, a deposit may be required for treatments, pre-paid packages are non-refundable, and Vet-REC does not accept checks.

Owner/Primary Contact Signature (must be 18)

Date

How did you hear about us? (Check all that apply)

- Veterinarian Web site Brochure
 Yellow Pages Online Search Friend
 Other (please list): _____

May we use your pet's picture in promotional or educational materials, including on social media and the web? Yes No