



village veterinary  
clinic of hamburg

# WELCOME – Physical Therapy

## Owner Information:

Name: \_\_\_\_\_  
*First name* *Last name*

Address: \_\_\_\_\_  
*Number & Street* *City* *State* *Zip Code*

Phone Number: \_\_\_\_\_  
*Home* *Cell* *Work or Alternative*

E-mail address: \_\_\_\_\_

Name of spouse, partner, or other person you would like on account & contact number for that person:

\_\_\_\_\_

Pet Information: **Dog** or **Cat**

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Date of Birth (or guesstimate): \_\_\_\_\_

Male or Female? Neutered? Yes or No \_\_\_\_\_ Spayed? Yes or No \_\_\_\_\_

Who is your regular veterinarian? \_\_\_\_\_

How did you hear about us (please circle all that are applicable)?

- Your regular veterinarian
- Referral veterinarian (list name/hospital) \_\_\_\_\_
- Internet/Google - Event - Shelter/Rescue
- Ad or news - Family member or friend - Social media: Facebook Instagram Twitter

**Are there any known allergies in your household- either human or pet? Food? Medication? We give treats during our sessions, such as cheese or peanut butter. Please let us know if anyone has allergies prior to exposure.**

**Please note** – in order to protect our unique PT equipment and materials from damage IF your pet is in need of a nail trim it will be done by the PT team (client is responsible for the charge associated with this service). If your pet is experiencing any type of skin or gastro-intestinal issues they CANNOT come for PT until the issue has been resolved.

**All payments are due at the time of service and a deposit is required on all hospitalized patients with balance to be paid upon discharge.**

\_\_\_\_\_  
Signature of owner or responsible party

\_\_\_\_\_  
Date