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www.sierraranchpetrehab.com

Welcome to Our Pet Rehabilitation Center!

Thank you for choosing Sierra Ranch Veterinary Pet Rehabilitation Center to care for your pet(s). We strive to offer exceptional customer service and quality veterinary medicine. Please take a moment to fill out the following information so we can add you and your pet(s) to our system. Do not hesitate to ask if you have any questions.

Client Information

Last Name: _____ First: _____

Address: _____ City: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Your email address will not be sold. It may be used by us to send appointment reminders, electronic records, promotional, and product information.

DOB (to dispense controlled medications): _____ Driver's License: _____

Additional Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Pet Insurance: _____

How did you hear about us? _____

Patient Information

Pet Name: _____ Age/DOB: _____ Last Rabies Vaccine: _____

Dog Cat (check one) Breed: _____ Color: _____

Male Female (check one) Neutered/Spayed Intact (check one)

Pet Name: _____ Age/DOB: _____ Last Rabies Vaccine: _____

Dog Cat (check one) Breed: _____ Color: _____

Male Female (check one) Neutered/Spayed Intact (check one)



Initials

I hereby authorize Sierra Ranch Pet Rehabilitation Center to examine, prescribe for and treat my pet(s).

Initial

I agree to pay fees for services rendered at the time of discharge from the facility or when service is otherwise terminated.

Initial

I understand that an appointment is required to be made for services. In the event I do NOT show for my appointment, I will be charged a session fee. 24-hour notice of cancellation is required to avoid being charged a session fee.

Initial

A rehabilitation session is up to 1 hour of therapy. If I am late, treatment will be adapted to fit within my session time.

Initial

In the event my pet vomits or has a bowel movement in the underwater treadmill I am aware that I will be charged a ***\$150.00 cleaning and sanitation fee.***

Initial

If my pet is found to have external parasites (i.e.: fleas, ticks, mites) my pet will be treated and all expenses related to treatment will be my responsibility.

Initial

Female pet in season will not be allowed to participate in physical rehabilitation.

Initial

If my pet is found to be aggressive or demonstrates unpredictable behavior, my pet will be required to wear a muzzle while within the facility.

Initial

I understand that pets within the facility may carry transferable disease or illness. I understand that my pet may be susceptible and that I am financially responsible. The center is not liable for disease or illness my pet contracts.

Initial

I understand that my pet(s) need to be current on their rabies vaccination before any services are rendered.

Initial

I authorize the sharing of veterinary medical information between veterinarians or facilities for the purpose of diagnostics or treatment of my pet.

Initial

I understand that Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center is **NOT** a 24-hour facility and that veterinary services and personnel will **NOT** be providing care during night time hours.

Initial

If medical records for my pet(s) are requested from another veterinarian, veterinary facility, rescue, merchant services, or insurance company, I authorize Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center to provide the records.

Initial

I authorize the use of pictures of my pet(s) for the purpose of social media advertisement, webpages, in-clinic information board and/or educational mailers for Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center.

Initial

Signature: _____ Date: _____



Rehabilitation Questionnaire

Patient Name: _____ Date: _____

Regular Veterinary Clinic: _____ Doctor: _____

Current Medications/Supplements

Name	Dose	Frequency

1. Experienced an increase or decrease in weight? Increase Decrease Same (check one)
2. Experienced an increase or decrease in endurance? Increase Decrease Same
3. Have you noticed a change in your pet’s temperament/attitude? Yes No (check one)

If yes, please elaborate: _____

4. What does your pet like to do for fun? _____

5. Able to go on a walk? Yes No

How long? _____ minutes _____ miles Could your pet walk longer? Yes No

6. What exercises are you doing at home with your pet other than walking? _____

7. Do you notice any problems (limping, stiffness) or are problems worse after a walk? Yes No

8. Does your pet tire quickly, have to make rest stops, or lag behind during walks? Yes No

9. Does your pet seem to be in pain? Yes No

What makes you think this? _____



Below pertains to your pet’s functional abilities. It helps us monitor its progress.

- 1 – not able to perform this activity (needs assistance 100% of the time)
- 2 – moderate assistance to perform activity (needs assistance > 50% of the time)
- 3 – minimal assistance to perform activity (needs assistance < 50% of the time)
- 4 – independent with activity (no assistance needed)
- 5 – not applicable

*Please circle an option for each question

1. Able to position itself to urinate?	1	2	3	4	5
2. Able to position itself to defecate?	1	2	3	4	5
3. Able to transfer from lying to sitting and vice versa?	1	2	3	4	5
4. Able to transfer from sitting to standing and vice versa?	1	2	3	4	5
5. Able to stand?	1	2	3	4	5
6. Able to roll over?	1	2	3	4	5
7. Able to scratch behind its ears?	1	2	3	4	5
8. Able to ascend stairs?	1	2	3	4	5
9. Able to descend stairs?	1	2	3	4	5
10. Able to walk up an incline/slope/hill?	1	2	3	4	5
11. Able to get in and out of the car?	1	2	3	4	5
12. Able to get on and off a couch or bed?	1	2	3	4	5
13. Able to run?	1	2	3	4	5
14. Able to jump?	1	2	3	4	5

What are your goals for your pet? _____
