



8711 Sierra Ranch Blvd, Suite 1  
Roseville, CA 95661  
(916) 774-6630

[www.sierraranchpetrehab.com](http://www.sierraranchpetrehab.com)

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## Welcome to Our Pet Rehabilitation Center!

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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.

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### Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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 emails, and product information.

Additional Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Insurance: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Patient Information

Pet Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Is your pet up to date on a Rabies Vaccine?  Yes  No (check one)

Dog  Cat (check one) Breed: \_\_\_\_\_ Color: \_\_\_\_\_

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

Pet Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Is your pet up to date on a Rabies Vaccine?  Yes  No (check one)

Dog  Cat (check one) Breed: \_\_\_\_\_ Color: \_\_\_\_\_

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



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**Initials**

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

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

\_\_\_\_\_ I understand that an appointment is required to be made for services. In the event that I **do NOT show for my appointment, I will be charged a session fee.** 48-hour notice of cancellation is required to avoid being charged a session fee.

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

\_\_\_\_\_ 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.**

\_\_\_\_\_ 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.**

\_\_\_\_\_ Female pets in heat will not be allowed to participate in physical rehabilitation.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

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

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

\_\_\_\_\_ 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. The Pet Rehabilitation Center is **NOT** open Friday-Sunday and cannot provide service during those days.

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

\_\_\_\_\_ If I am 15 or more minutes **late** picking up my pet(s), I understand I will be charged a **day boarding fee** and my pet(s) will be placed in a kennel until I arrive.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Cancellation/Missed Appointment Policy

Our goal is to provide quality care in a timely manner. In order to do so, we have had to implement a cancellation/missed appointment policy. Appointments are in high demand, and your early cancellation will give another client the opportunity to schedule an appointment for their pet. This policy enables us to better utilize appointments for our clients. Time has been specifically reserved for your appointment time. You must call **at least 48 hours prior** to your scheduled appointment if you need to cancel or reschedule the appointment. If you fail to do so, you will be charged the full cost of your missed session, or have the session deducted for the rehabilitation package you purchased.

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Signature

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Date

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Printed Name

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Date



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**Social Media and Medical Release Consent Form**

I hereby give Sierra Ranch Veterinary Clinic and Pet Rehabilitation Center permission to take photographs and videos of me and my pet for the purpose of posting on Sierra Ranch Veterinary Clinic and Pet Rehabilitation Center's Facebook, Instagram, TikTok, and clinic website. I hereby release and discharge Sierra Ranch Veterinary Clinic and Pet Rehabilitation Center from all claims arising out of use of the photos and videos. Sierra Ranch Veterinary Clinic and Pet Rehabilitation Center has my permission to use:

(Check all that apply)

- Only my pet's name(s)
- My pet's name(s) and my last name
- My pet's medical information (for educational and media purposes only)

In signing this consent, I give authorization to use my name and my pet's name as printed below.

Pet's printed name

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Owner's printed name

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Owner's signature

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Date

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