



Returning Client & Patient Information

Client Name: _____ Date: _____

Cell Phone: _____ Secondary Phone: _____

Email Address: _____

Home Address: _____

Emergency Contact (if you cannot be reached): _____

Emergency Phone: _____

Primary Veterinary Hospital: _____

Specialty Veterinary Hospital: _____

Pet Name: _____ Breed: _____

Pet Color: _____ Weight: _____ DOB: _____

Pet Sex (please circle): Male / Female Spayed/Neutered: Yes / No

Current Diet: _____

Amount fed per meal: _____ How many meals per day?: _____

What/how many treats given per day: _____

Current Medications & Supplements including dosage and frequency given. **Make sure to give all medications as prescribed on the day of your consultation.**

If surgery has been performed on your pet, what was the procedure and when was it done and at which hospital?

Other current and previous health problems, including lameness, surgeries, heart or respiratory issues, allergies or any other conditions:

Please describe any other changes since your pet's initial Consultation?

_____ **(Initial optional)** I give permission for CROC to share their findings & recommendations with my pet's General Practice and Specialty veterinarians *(if applicable)*.

_____ **(Initial optional)** I authorize CROC to keep my credit card on file for my pet's scheduled physical rehabilitation therapy. I acknowledge that no prior notification is needed unless the amount of a charge is subject to change, in which case CROC must notify me of such changes in advance of when the change(s) will take effect. Receipts are available in print or email at my request. *Please note, regardless of payment method, payment is due in full at time of service.*

_____ **(Initial required)** I understand that in order to participate in rehabilitation therapy, my dog will need to be clean and free of any topical/transdermal medications such as topical flea/tick preventative, CBD oils, etc. I will also need to notify CROC before my pet's next visit if my pet begins chemotherapy. *If your pet typically receives topical flea preventatives, please apply a few days before their next visit so there is time for it to fully absorb/dry.*

_____ **(Initial required)** I confirm that my dog is free of any zoonotic (contagious) diseases/conditions such as, but not limited to, respiratory infection, ringworm, giardia, or parvovirus. I am liable for any costs incurred to disinfect the CROC facility or treat other patients infected due to my failure to disclose my pet's contagious condition.

_____ **(Initial required)** I understand that CROC will be providing veterinary medical services for my pet and that despite all efforts made, positive results are not guaranteed. I understand that my participation in my dog's recovery outside of therapy sessions will make a significant difference in how much my dog improves. Unfavorable results or disagreements with medical opinion do not constitute a refund. I understand that filing a dispute with my bank after a service has been provided is called chargeback fraud and can have legal ramifications. CROC management is available to discuss any issues or questions I have about my payments.

_____ **(Initial required)** I agree to abide by CROC's cancellation policy as follows: Scheduling a consultation requires a card on file to secure the appointment. Consultations cancelled with more than 48 hours' notice incur no cancellation fee. Consultations cancelled with less than 48 hours' notice will incur 50% of Consultation fee. Consultations cancelled with less than 24 hours' notice will incur 100% of Consultation fee.

Signature: _____ Date: _____