

In-Motion Physical Therapy Services
10557 Church Road
Dallas, TX 75238
214-348-3516, (FAX) 348-5727
www.inmotionpts.com

CANINE INFORMATION RECORD

OWNER INFORMATION:

NAME: _____

ADDRESS: _____

HOME PH: _____ BUSINESS PH: _____ CELL PH: _____

EMAIL ADDRESS: _____

WHOM MAY WE THANK FOR YOUR REFERRAL? _____

PET INFORMATION:

PET NAME: _____

SEX: _____ AGE: _____ DATE OF BIRTH: _____

BREED: _____ COLOR: _____

HAS YOUR PET BEEN SPAYED or NEUTERED: YES NO

VACCINATION HISTORY: _____

TAG #: _____ EXPIRATION DATE: _____

SPECIAL FOOD OR MEDICATION: _____

VETERINARIAN: _____ PHONE #: _____

ADDRESS: _____

CONSENT OF PHYSICAL THERAPY PROCEDURES

1. I HEREBY AUTHORIZE THE PERFORMANCE OF PHYSICAL THERAPY PROCEDURES BY MICHELE FIRRA WARD, PT, OR OTHER THERAPISTS.
2. I CONSENT TO THE ADMINISTRATION OF SUCH PROCEDURES AND THE PERFORMANCE OF APPROPRIATE PROCEDURE WHICH MICHELE FIRRA WARD, PT, OR OTHER THERAPISTS, IN THE EXERCISE OF JUDGMENT, MAY CONSIDER NECESSARY OR ADVISABLE.
3. NO GUARANTEE OR ASSURANCE HAS BEEN GIVEN TO ME BY MICHELE FIRRA WARD, PT, OR OTHER THERAPISTS, WITH REGARD TO THE RESULTS WHICH MAY BE OBTAINED BY MY TREATMENT.

CANCELLATION POLICY

I UNDERSTAND THAT IF I CANCEL MY SCHEDULED APPOINTMENT WITH LESS THAN 24 HOURS NOTICE OF MY APPOINTMENT, AND THIS OCCURS 2 TIMES, I WILL BE CHARGED FOR THE FULL AMOUNT OF ONE MISSED APPOINTMENT. _____ (PATIENT'S INITIALS)

DATE: _____ SIGNATURE: _____