



Canine Client Form

Client Information and Consent

OWNER

Name

Contact Number

Email

Address

CLIENT

Name

Breed

Age

M/F

Neutered?

Allergies

Behavioural Sensitivities
E.g Anxious, very excitable

Current
Medication/Supplements

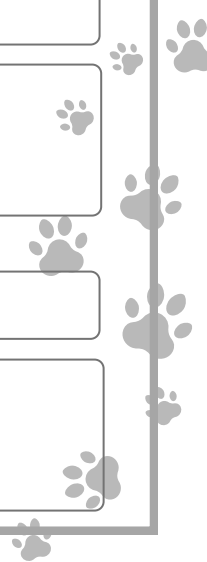
Past Medical
History

Reason for
Physio

Current Medical
Treatment
(if any)

Current Vet
Surgeon

Practice
Address





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CONSENT AND TERMS OF SERVICE

I consent to media use for the aforementioned animal for promotional purposes for **Roaming Rehab only**.

Yes **No**
☐ ☐

I consent to my personal data provided in this form being stored in accordance with GDPR (Roaming Rehab uses Microsoft and Google services and therefore their Privacy Policies)

Yes **No**
☐ ☐

I consent for the information above to be used to confirm client files with the aforementioned Veterinary Surgeon and Practice.

Yes **No**
☐ ☐

I consent for details of treatments to the aforementioned animal to be given to the referring Veterinary Surgeon (and any other multidisciplinary team members the owner wishes - consent for which will be documented in session notes) in order to discuss and assess progress of the case.

Yes **No**
☐ ☐

I understand that should any new/undocumented injury present without updated consent from the referring Veterinary Surgeon treatment by **Roaming Rehab** will cease and the animal will be referred back to the Veterinary Surgeon for review.

I commit to make payments on time and in full (BACS and cash payments accepted. Payments must be made on the day of treatment or upfront for initial sessions)

I understand and commit to adhere to the cancellation policy put in place by Roaming Rehab as stated below;

Cancellation less than 48hrs before scheduled appointment incurs a 50% charge.
Cancellation less than 24hrs before scheduled appointment incurs a 100% charge.

In exceptional circumstances Roaming Rehab reserves the right to reduce or waive this cancellation fee - at their own discretion.

I give permission for **Roaming Rehab** to assess the above animal.

Yes **No**
☐ ☐

I am aware that it is my duty to submit truthful information.

☐ **I agree to the terms of service stated above**

Date

Signature