

South Hills Physical Therapy Clinic

Small Animal Physical Therapy & Rehabilitation

4175 East Amazon Drive Eugene, OR 97405 541-686-0101 541-686-0202 Fax

Patricia Kortekaas, P.T., P.C.

General Information

Owner's Last Name	First Name	Middle Initial
--------------------------	-------------------	-----------------------

Pet's Name	Birth Date	Dog/Cat
-------------------	-------------------	----------------

Breed	Age	Birth Place	Sex
--------------	------------	--------------------	------------

Address	Street/Apt. #	City	State	Zip
----------------	----------------------	-------------	--------------	------------

Home Phone	Work Phone	Cell Phone/Pager #
-------------------	-------------------	---------------------------

Medical History:

What are the current and/or ongoing symptoms? _____

Please describe any previous conditions and interventions: _____

Does your pet have any allergies? _____

What is your pet's current diet? _____

Current Medications (if any): _____

Continued on Reverse→

Agreements:

Consent to Treat:

My veterinarian's name is _____, and I authorize Patricia Kortekaas, P.T., P.C. to release information to him/her.

Financial Agreement:

My fees are \$120.00-\$180.00 for the primary visit, which includes an evaluation, diagnosis, and treatment; and \$60-\$120 per standard 30-60 minute treatment thereafter.

Liability:

Therapists and employees of South Hills Physical Therapy are not liable for any outcomes resulting from the treatment of a pet. Pet owners are liable for all damage caused by their pets to South Hills Physical Therapy facility, other patients, or other pets.

Cancellations:

There will be a cancellation fee of \$75.00 for all cancellations made less than 24 business hours before a scheduled appointment.

Agreement:

I understand and agree to the aforementioned consents, financial agreement and cancellation fee details for the treatment of my pet:

Owner's Signature _____ **Date** _____