

South Hills Physical Therapy Clinic

Small Animal Physical Therapy & Rehabilitation

74 E. 18th St., Unit #6 Eugene, OR 97401 Phone: 541-686-0101 Fax: 541-686-0202

Patricia M. Kortekaas, PT, PC, ANT-c

General Information

Owner's Last Name	First Name	Middle Initial
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Pet's Name	Birth Date	Dog/Cat
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Breed	Age	Birth Place	Sex
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Address	Street/Apt. #	City	State	Zip
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Home phone	Work Phone	Cell Phone/Pager#
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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 >

Vaccination Records: _____

AGREEMENTS:

Consent to Treat:

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

Financial Agreement:

My fees are \$150 - \$225 for the primary visit, which includes an evaluation, diagnosis, and treatment and \$75 - \$150 per standard 30-60 minutes treatment thereafter.

Liability:

Therapists and employees of South Hills Physical Therapy Clinic 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 \$100 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** _____