



Rehabilitation & Pain Management Department
Central Houston Animal Hospital
1638 Westheimer Road
Houston, Texas 77006
(713) 526-1306
www.chahpets.com
rehab@chahpets.com

Client Information Form

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Best day Monday through Friday for appointments: _____ am ___ or pm ___

How did you hear of us: Online (which website?) Referral (whom should we thank?)

I understand and agree to CHAH rehabilitation and pain management department's cancellation policy of 24 hours' notice. If I am unable to cancel my appointment without 24 hours' notice I agree to pay a cancellation or no-show appointment fee.

I ensure that my pet has been taken to go potty prior to their rehab appointment. I understand that if my pet defecates in the underwater treadmill that it closes the treadmill down for a deep cleaning and decontamination process. If my pet defecates in the underwater treadmill, I agree to pay a \$125 decontamination fee.

My pet will be bathed and cleaned prior to their rehab appointment. If they need bathed prior to getting in the underwater treadmill, I understand there will be a \$49 bath charge.

Signed: _____ Date: _____

I would like to keep my credit card on file at CHAH for easier checkout/patient pick up experience. By providing my credit card information and signing this form, I am authorizing CHAH to charge the following credit card for treatments and services provided.

Name on the card: _____

Type of card: _____

Card number: _____

Expiration date: _____ Security code: _____ Billing zip code: _____

Signed: _____ Date: _____



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Authorization For Treatment:

The following agreement is made between Central Houston Animal Hospital, Rehabilitation and Pain Management department and the person represented below.

I hereby authorize rehabilitation and holistic pain management to be performed on my animal. I have been informed of possible complications and the anticipated prognosis. I acknowledge that rehabilitation therapies, massage and spinal manipulation are considered alternative therapies by the Texas Board of Veterinary Examiners and the Texas State Veterinary Medical Association.

These treatments will be performed by Kristina Adourian, LVT, CCRP under direct supervision of the veterinarians at Central Houston Animal Hospital, specifically Jessica Marziani, DVM, CVA, CVC, CCRT. I have discussed with Kristina Adourian and/or Dr. Marziani the treatment options available for my pet, both traditional/conventional therapies offered by my regular veterinarian and alternative therapies. After consultation, I understand the treatment and the risks involved in alternative therapies. Kristina and/or Dr. Marziani have encouraged me to discuss any concerns that I may have about risks before treatment and anytime throughout treatment.

While I accept that all procedures will be done to the best of Kristina Adourian and/or Dr. Marziani's abilities, I understand that no guarantee or warranty has been or will be made regarding the results that may be achieved.

I, the undersigned owner or representative, of the pet identified below, consent to all future examinations and treatments of my pet by Kristina Adourian and Dr. Marziani using alternative therapy methods. My signature on this form indicates that: (a) any questions I have regarding alternative therapy have been answered to my satisfaction; and (b) my consent to any future treatments will only be provided after receiving information from Kristina Adourian and/or Dr. Marziani on conventional treatments available and their probable ability to cure the problem.

I give consent for all future alternative therapy treatment for the following pet:

Printed name of owner or representative of the above-named pet:

Signature of owner or representative of the above-named pet:

Date:



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Patient Information Form

Name of pet: _____ Name of owner: _____
Pet Age/Birthday: _____ Species: _____ Breed: _____
Color: _____ Weight: _____ Male Female Spayed/neutered? Yes No

Please have any medical records and radiographs pertaining to current problem/illness or previous lameness/musculoskeletal problems emailed to rehab@chahpets.com prior to your initial appointment.

Primary care veterinarian name and clinic: _____
Do you want CHAH rehab to follow up with your primary care veterinarian? Yes No
If yes, Veterinarian's email address: _____
Does your pet have food allergies? Yes No
If yes, what? _____

What is your primary reason for seeking rehabilitation and/or pain management therapy for your pet? Please explain details including length of time for this concern, how you believe it started and what you have tried to help your pet with this concern and if that helped or not.



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List any additional medical problems we need to be aware of:

List any major surgeries your pet has had and approximately when they occurred:

List any behavior problems we need to be aware of:

List any medications and supplements you give your pet (brand, quantity and frequency):

Describe your pet's daily routine:

Does your pet need to be able to do stairs? If so, how many and how often:



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Have you noticed any changes in the following for your pet?

- | | | | |
|------------------------------|-------------|----------------------|------------------------|
| Water intake | Vomiting | Appetite | Stool quality |
| Urination | Mentation | Mobility | Sleeping patterns |
| Anxiety | Performance | Coughing | Skin/hair coat |
| Temperature preference | | Muscle condition | Activity level |
| Difficulty standing | | Difficulty sitting | Difficulty laying down |
| Difficulty with slick floors | | Difficulty on stairs | Less play activity |
| Hesitant to go on walks | | Less engagement | Refusal to move |
| Self-mutilation | | Whining when moving | Constant pacing |

Please explain any of the above changes, including onset, duration and treatments tried (please be as detailed as possible):



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On a scale of 1 to 10 with one being my pet is in no pain and ten being my pet is in excruciating pain, please rank where you feel your pet is today: _____

On a scale of 1 to 10 with one being my pet's quality of life is fantastic and ten being my pet's quality of life is no longer acceptable, please rank where you feel your pet is today: _____

Please rank your pet's lameness (if they are lame) on a scale of 1 to 5:

Grade 1: Dog walks normally

Grade 2: Slightly lame when walking

Grade 3: Moderately lame when walking

Grade 4: Severely lame when walking

Grade 2: Reluctant to rise and will not walk more than a few steps

Please describe activities or times when your pet's lameness is worse than other times:

What is your goal for rehab?
