



Two Hands Four Paws, Inc.
 2240 Federal Ave.
 Los Angeles, CA 90064

Client Registration				Date: _____	
First Name:		Last Name:		Title:	
Spouse/Partner/Co-owner:					
Street Address:				Unit #:	
City:			Zip:		
Home Phone:	()	Cell:	()		
Work:	()	Other:	()		
Email Address:					
Will you have friends or helpers bring your pet for therapy? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If 'Yes', please provide names and contact info:					
Would you like to receive confirmation phone calls for appointments? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Preferred Method of Contact: Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>					

Patient Information			
Name:		Species:	Breed:
Gender: M <input type="checkbox"/>	F <input type="checkbox"/>	Spay/Neuter <input type="checkbox"/>	Color/Markings:
Date of Birth (Age):	Friendly with other dogs and people: Yes <input type="checkbox"/> No <input type="checkbox"/> _____		
From whom and at what age did you obtain your pet?			
Regular Veterinarian (For Annual Check-ups, etc.):			
Other veterinarians you would like updated on your pet's care:			

How did you hear about our facility?			
Television/News <input type="checkbox"/>	Facebook <input type="checkbox"/>	Yelp! <input type="checkbox"/>	Internet Search <input type="checkbox"/>
Veterinarian <input type="checkbox"/> _____	Friend/Relative <input type="checkbox"/> _____	Other <input type="checkbox"/> _____	



STEVE ETTINGER, DVM, DACVIM - MEDICAL DIRECTOR
FRANK TSAI, DVM, CVA, CCRP
TARYN BEAN, PT, DPT
LESLIE MCMAHON, CCMT, CCRT

REHAB PROTOCOLS

Please read and initial by each, and sign at the bottom.

- _____ 1. **Please arrive 10 minutes before your appointment to walk your dog** to ensure he/she has fully relieved himself/herself. This is particularly important with paralyzed dogs, as they often cannot control their bowels/bladder and are more prone to accidents in the water. Our staff is available, should you need assistance expressing your pet. Also, please let us know if your dog is having diarrhea so we can take extra precautions. **There is a \$25 fee if your pet defecates in the pool.**
- _____ 2. All dogs must remain on a leash and under your control at all times (no flexi leashes allowed)
- _____ 3. For the safety and comfort of each patient, our underwater treadmills and pool must remain extremely clean. To ensure this, we ask that you bathe your dog every other week and brush them for 10-15 minutes to remove as much hair as possible. One dog in the pool is the equivalent of 70-80 people in terms of hair, dirt and oil.
- _____ 4. Please do not feed your dog for at least two hours prior the swim/rehab session. All dogs should exercise on an empty stomach.
- _____ 5. Please do not bring other pets or small children with you. This becomes very distracting for other dogs and takes our full attention away from the patient we are working with.
- _____ 6. The Initial Consultation is 1 ½ hours long. All standard therapy sessions scheduled after the initial consultation are 50 minutes long, as we require 10 minutes after each session for taking notes on your dog's progress and preparing for the next client. 25-minute appointments are also available.
***Please Note:** Requesting Leslie for therapy incurs an additional fee of \$45.
- _____ 7. Please call a day or two after your dog's first session to let us know how they responded to therapy. This feedback allows us to make adjustments to your dog's treatment plan and dictates how fast or slow we should proceed during their next session.
- _____ 8. Depending on your pet's weight and physical condition, an additional technician may be required to assist with his or her therapy. This could incur a \$70 fee.
- _____ 9. Please note that all dogs must be picked up no later than 6:00PM. Dogs not picked up by 6:00PM will incur a late pickup fee of \$35.
- _____ 10. **We have a 24-hour cancellation policy.** If you need to cancel or reschedule, please notify us at least 24 hours in advance, or you will be charged the full price of the session.

I, _____ have read and agree to abide by the above protocols. Date: _____



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Consent for Photographs, Videotapes or Other Visual Media

I, _____ hereby authorize Two Hands Four Paws, Inc and its employees to take photographs, motion picture, videotapes or other visual media of my pet. It is my understanding that these may be used for: (initial all that apply)

_____ Patient Medical Records

_____ Educational purpose which may include teaching of medical providers of patients

_____ Publishing in medical, scientific or other publications

_____ Two Hands Four Paws, Inc. educational, promotional and social media purposes

I hereby waive any and all rights that I may have in such visual media, including, but not limited to any claims for payments or royalties in connection with any of the uses approved by me as indicated by my initials above. I agree to make no claim to them now or in the future, and release Two Hands Four Paws, Inc, its employees and consultants from any liability in connection with the approved use of these materials.

Any limitations which I wish to place on this consent are specified below:

Signature

Print name

Date