



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:					
Would you like to receive our monthly digital newsletter?. Yes <input type="checkbox"/> No <input type="checkbox"/>					
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 text messages 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:	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"/> _____	

Date: _____

BACKGROUND:

Animal name: _____ Weight: _____ Age: _____

Breed: _____ Sex: _____ Spay/Neuter: _____

Owner: _____

Address: _____

Phone: H: _____ W: _____ C: _____

Email: _____

Vet: _____

Referred by: _____

Where and at what age did you obtain animal companion? _____

CURRENT CONDITIONS:

Current injuries/what is the main reason for your visit?: _____

How long has it been?: _____

Current treatments: _____

Progress (better/worse): _____

What is the main reason for your visit today? _____

History of other surgeries/illness/cancer: _____

History of epilepsy or seizures: _____

Dog's job: _____

Pain with movement/Level of pain on 1-10 scale: _____

Is he/she sensitive to touch or pressure? _____

What aggravates condition: _____

Irritability due to discomfort? _____

Flooring at home: _____

Other pets: _____

Previous activity level: _____

Current activity level/exercise schedule: _____

Behavioral problems/history of aggression? _____

Has your animal ever had a massage/swam before? _____

Medications/supplements: _____

Food allergies/sensitivity: _____

Diet, amount and feeding schedule: _____

What are you looking to achieve: _____

Below this line to be completed by staff

Involved limb: RF LF RR LR

Resting/Exercise Heart rate: _____

Waist measurement: _____

Visual inspection/palpation:

Degree of lameness: Standing _____ Walking _____ Trotting _____

0=Normal/No lameness, WBing on all strides/No lameness, WBing on all strides

1=Slightly abnormal stance, partial weight bearing/ Mild subtle lameness w/partial wbing/ Mild subtle lameness w/partial wbing

2=Moderately abnormal stance, toe touching/ Obvious lameness w/ partial wbing/ Obvious lameness w/ partial wbing

3=Severely abnormal stance, holding limb off floor/ Obvious lameness w/ intermittent wbing/ Obvious lameness w/intermit wbing

4=Unable to stand/ Full non-weight bearing lame/ Full non-weight bearing lame

Plan of Care: _____

Treatment Plan:

- | | | |
|--------------------------------|------------------------------|-------------------------|
| ____ Strength | ____ Neuro Re-Education | ____ Gait Retraining |
| ____ ROM/ Flexibility Training | ____ Postural/ Transfer | ____ Endurance Training |
| ____ Stabilization/ Core | ____ Pain Control | ____ Other: _____ |
| ____ Balance/ Coordination | ____ Decreasing Inflammation | ____ Other: _____ |

Modalities:

- | | | |
|------------------------------------|------------------------|-----------------------------|
| ____ NMES | ____ Unstable Surfaces | ____ Ice/ Heat |
| ____ UWT | ____ Obstacles | ____ Massage |
| ____ STM/ Stretching/ Mobilization | ____ LLL | ____ STM/ Joint Mobs |
| ____ Strengthening Therex | ____ PEMF | ____ Swimming |
| | ____ Acupuncture | ____ Therapeutic Ultrasound |



RELEASE AGREEMENT

I, _____ understand that my pet will be receiving massage therapy, rehabilitation services and/or swim therapy (the “Services”) from Two Hands Four Paws, Inc. (the “Company”). I understand that the Services are not a substitute for veterinary care and that I should see a veterinarian for any physical ailment that I am aware of. Because the Services have inherent risks and can be dangerous (and should not be performed) under certain medical conditions, I affirm that I have stated all my pet's known medical conditions, including any medications and behavioral problems and answered all questions honestly. I agree to keep the Company fully and immediately updated as to any changes in my animal's medical profile.

I hereby forever waive, release, discharge, hold harmless the Company and each of its officers, directors, employees, agents or shareholders (collectively, the "Releasees"), from any and all claims, demands, damages, costs, attorney fees, and liabilities (collectively, “Liabilities”) relating to or arising from, directly, indirectly and/or derivatively, (a) the Services or (b) any injuries or death suffered before, during or after the Services (or otherwise while my pet is at the Company’s offices or property or in the Company’s care). I further expressly agree that the foregoing release is intended to be as broad and inclusive as permitted by the laws of the State of California. I acknowledge that I am aware I may hereafter discover facts in addition to or different from those which I know or believe to exist with respect to the subject matter of this Release Agreement, but that it is my intention to hereby fully, finally and forever release all of the claims, disputes and differences known or unknown, suspected or unsuspected, which now exist or may exist. I hereby expressly waive all benefits under Section 1542 of the California Civil Code, as well as under any other statutes or common law principles of similar effect of this or any other jurisdiction, to the extent that such benefits may contravene the provisions of this Agreement. I acknowledge that I have read and understand Section 1542 of the California Civil Code, which provides as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

I promise not to institute any suits or proceedings at law or in equity (collectively, “Suits”) against any of the Releasees; and, I further agree to forever indemnify, defend and hold harmless each of the Releasees from and against any Liabilities as incurred arising from Suits I or any of my affiliates institute against any of the Releasees. Every term and provision of this Release is intended to be severable. If any provision is found to be unenforceable or invalid, the remaining provisions shall be unaffected, binding and enforceable. If any action is brought to enforce or interpret the terms of this Agreement, the prevailing party shall be entitled to recover reasonable attorney’s fees, costs, and disbursements, in addition to any other relief that may be granted.

I understand that there is a 24-hour cancellation policy for treatment appointments and 48-hours for special appointments, and that if I fail to cancel within the given time frame I will be responsible for payment of that cancelled session. I agree that all fees for services are my direct responsibility and are due at time of service.

I acknowledge that I have read this Release Agreement and that I understand its purpose. I understand that this Release Agreement covers all aspects of the services and matters related to while my pet is in the possession of the company. I understand the potential risks incidental to the services and I fully assume all such risks.

Signed: _____ DATED: _____

Print Name: _____

TWO HANDS



FOUR PAWS

ANIMAL PHYSICAL REHABILITATION

LESLIE GALLAGHER, CCMT, CCRT

ERIKA BUDDÉ, DVM

EVE HARRISON, VMD, CVA

DEBRA VOULGARIS, DVM, CVA, CCRP

REHAB PROTOCOLS

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

- ____ 1. **Please arrive 10 minutes before your appointment to walk your pet** to ensure he/she has fully relieved himself/herself. This is particularly important with paralyzed pets, 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 pet is having diarrhea so we can take extra precautions. **There is a \$50 fee if your pet defecates in the pool or underwater treadmill**
- ____ 2. All pets 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 pet every other week and brush them for 10-15 minutes to remove as much hair as possible. One pet in the pool is the equivalent of 70-80 people in terms of hair, dirt and oil.
- ____ 4. Please do not feed your pet for at least two hours prior the swim/rehab session. All pets should exercise on an empty stomach.
- ____ 5. Please do not bring other pets or small children with you. This becomes very distracting for other pets 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 pet's progress and preparing for the next client. 25-minute appointments are also available.
***Please Note:** Requesting Leslie or any of the Veterinarians for therapy incurs an additional fee.
- ____ 7. Please call a day or two after your pet's first session to let us know how they responded to therapy. This feedback allows us to make adjustments to your pet's treatment plan and dictates how fast or slow we should proceed during their next session.
- ____ 8. For reference, rehab exercise video demonstrations can be found on our YouTube channel - Two Hands Four Paws.
- ____ 9. 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 additional fee.
- ____ 10. Please note that all pets must be picked up no later than 6:00PM. Pets not picked up by 6:00PM will incur a late pickup fee.
- ____ 11. Would you like to have a prescription drug consultation if any prescription medications are prescribed? Yes / No
- ____ 12. **We have a 24-hour cancellation policy for regular appointments.** 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: _____



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

Our Social Media team is strong!

Leave us your IG and FB handles so we can tag you if your pet appears in our feed.

Instagram: _____ Facebook: _____

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