



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 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"/> _____	
What is your pet's experience with swimming? Pool, open water, running on the beach, baths, etc.?			
Regular Veterinarian (For Annual Check-ups, etc.):			

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"/> _____	



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 BUDDE, DVM
EVE HARRISON, VMD, CVA
DEBRA VOULGARIS, DVM, CVA, CCRP

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. Also, if your pet is not feeling well or experiencing diarrhea, please reschedule. **There is a \$50 fee if your pet defecates in the pool.**
- ____ 2. All pets must remain on a leash and under your control at all times (leash can be removed once in pool area)
- ____ 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/swimmer.
- ____ 6. 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.
- ____ 7. **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