



PET WELLNESS WORX (PTY) LTD
New Patient Information Sheet
WORKING YOUR WAY TO WELLNESS



PET INFORMATION

Name & Surname:		File Number:	
Date of birth:		Breed type:	
Sex:	Spayed/ Neutered:	Current weight:	
Pet History, Chronic Diseases/ Conditions, Surgery ('s) - please specify:			
What is the presenting problem? - reason for appointment:			
Allergies	Arthritis	Neck pain	Back pain
Problems walking		Nerve Related problems	Hip Dysplasia
Name of usual Vet:		Veterinary Practice:	Fears & phobias
		Problems getting up/ down	Contact details:

By signing the below, I understand and accept that primary & routine medical & surgical care (e.g.: vaccinations, dentals, supply of medications) remains the responsibility of my usual vet, and recognize that regular reports will be provided to my usual vet to facilitate the best treatment of my pet (s)

How can Pet Wellness Worx improve your experience: (please bring along if possible/ if required)	Radiographs pertaining to the issue Label from food packaging indicating the ingredients Blood tests if applicable Vaccination booklet (last vaccination date: _____)
Geriatrics/ Veterans: (if applicable)	For all dogs and cats 12 years or older we request that you bring with you a recent (within the past 6 months) blood report that includes a chemistry panel, CBC & urine tests. If this is not available, you can get it done at your regular veterinarian prior to coming here for your first visit

OWNER INFORMATION

Name & Surname:		ID Number:	
Co-Owner Name & Surname:		ID Number:	
Physical address: Area: Suburb: P/Code:		Postal Address: Po Box: Area: P/Code:	
Home Nr: Other Nr:	E-mail 1: E-mail 2:		
Work Nr:	Cellular:	Fax:	

GENERAL ADMIN

How did you hear about Pet Wellness Worx?	Brochure/ Flyer	Website	Animal Talk Mag
	FaceBook	ShowDogs Web	DogWorld Web
	Kusa	Small Home Ads	Other
How can pet Wellness Worx improve your experience:			
Recommendation/ Referral Whom may we thank?			

TERMS & CONDITIONS

Whilst every care is taken of the pets undergoing treatment and in the maintenance of the water and equipment, all dogs receive hydrotherapy treadmill treatment, core & balance, Acupuncture physiotherapy, and other pain & rehab modalities entirely at their owner's risk.	Pets with infectious or contagious conditions such as ear, eye or skin infections will not be treated. Owners are advised to cancel all appointments with at least 24 hours' notice until the condition is clear. Normal cancellation conditions will apply.
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Owners are required to advise Pet Wellness Worx should their pet(s) have aggressive tendencies towards other animals or people to enable Pet Wellness Worx to take the necessary precautions. Notwithstanding such precautions, owners are responsible for the actions of their pets and any injury or damage caused by their pet, whether directly or indirectly, will remain the owner's sole responsibility.

In circumstances where pets develop an illness unrelated to the condition for which they are being treated during a course of treatment, such as biliary, the owner is required to verify with their primary veterinarian that they may re-commence treatment and must advise Pet Wellness Worx accordingly.

Pet Wellness Worx will not be held liable for any loss or damage to vehicles or personal property, howsoever occasioned, whilst on its premises.

To prevent the spread of any diseases or parasitic infestations, all dogs must be vaccinated. Pet Wellness Worx will require sight of the pet's vaccination certificate prior to commencement of treatment. Pets will not be treated without up-to-date vaccination records.

When not undergoing treatment all dogs will be kept under control and must be on a lead. Dogs unable to walk without assistance are not required to be kept on a lead.

All treatment courses must be paid for in advance or on the day of treatment. Individual sessions must be paid for on the day of treatment. Session fees will be charged in full if an appointment is broken or cancelled without 24 hours' notice

Bitches in season will not be able to attend sessions until their season has finished

Pet Wellness Worx reserves the right to refuse treatment to any dog/ cat.

Owners are required to notify Pet Wellness Worx if, during a course of treatments, the pet's injury or condition worsens or if the primary veterinary practitioner or surgeon advises that the treatment should be stopped or suspended. Should the owner fail to notify Pet Wellness Worx as required, Pet Wellness Worx will not be held liable for any injury or damage arising from such failure.

Owners are requested not to feed their dog for a least 2-3 hours before attending an appointment and 2-3 hours after to avoid possible complications arising from exercise and eating for example bloat, and to ensure that the dog has done it's ablutions before arriving. A surcharge of R50 will be made for dogs that defecate in the pool.

I HEREBY INDEMNIFY, AUTHORISE AND ACCEPT THE FOLLOWING

1. I hereby certify that I am the legal owner of all the pets that are listed under my file at Pet Wellness Worx
2. I hereby authorise Pet Wellness Worx to look after my pets, examine, treat my pet(s) and to act as guardian during my absence and take any action they consider suitable in order to protect and keep my pet(s) in good health whilst in their care
3. I confirm that I will be responsible for any costs which might be incurred as a result of sickness, accident or accidental damage caused to or by the above mentioned
4. I hereby release Pet Wellness Worx from any legal and financial liability arising from my pet(s) attendance at their facility.
5. Pet Wellness Worx may recommend nutritional supplements, exercise, therapeutic modalities or pain management medical devices to assist your animal in regaining strength, health, fitness, weight-loss and reducing pain and anxiety.
6. Pet Wellness Worx may offer recommendations that can be taken to your primary care doctor for review, advisement and consideration.
7. I indemnify PWW and staff should my pet be burnt with the laser in anyway
8. I have read the above and understand that Pet Wellness Worx is a complementary holistic service utilising the skills and knowledge available in this field.
9. I am aware that the practice Pet Wellness is not an exact science and I acknowledge that no guarantees will be made.
10. I assume full financial responsibility in the care and treatment of my animal. I also understand that payment is due at the time of service rendered.
11. In the event that an account is handed over to Attorneys or other agent for collection, I irrevocably agree to pay for all costs on an Attorney and client scale, legal counsel on their agreed scale, collection commission, (including the costs and collection commission of any correspondent Attorney employed by your Attorneys or agent in connection therewith) and interest thereon at the rate of 11.5% per month
12. Pet Wellness Worx reserves the right to use video footage and photographic stills taken during sessions
13. Pet Wellness Worx, it's management & authorised staff is in no way liable for damage to or loss of property of any kind
14. Pet Wellness Worx, it's management & authorised staff is in no way liable for the death or injury of any nature
15. I also understand that Pet Wellness Worx, it's management & authorised staff cannot be held responsible for death or injury that might occur during a car accident while being transported should a pick up and drop of service be required
16. Pet Wellness Worx reserves the right to refuse treatment to any pet(s)

SIGNATURE OF OWNER

Name of Owner: _____

Signature: _____

Date: _____