



Wilmington Animal Fitness & Rehabilitation Center

at Needham Animal Hospital

New Client/Patient Form

Client information

Name: _____ DOB: _____
Last First MI

Address: _____
Street City, State, Zip

Home No: _____ Cell No: _____ Emergency No: _____

Employer: _____ Work No: _____

Spouse/Co-Owners Name: _____

Referring veterinarian: _____

Pet Information

Name: _____

DOB: _____

Species: Cat Dog

Breed: _____ Color: _____

Neuter/Spayed? _____ Sex: _____

I hereby authorize the CCRP to examine, evaluate, or treat the above described pet with any and all therapeutic modalities required for rehabilitation and physical therapy. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required.

Signature of Owner or Agent: _____ Date: _____

Method of Payment: Cash Check MC/Visa Care Credit