

Love 4 Paws

Elana Goldberg, BA Hons, RMT, CVMRT
Certified Veterinary Massage and Rehabilitation Therapy Services

MEDICAL INFORMATION / CONSENT FORM

Owner's name:	
Address:	Postal Code:
Phone:	Cell:
Dog/Cat's name:	
Sex: M MN F FS	Date of birth:
Breed:	Colour:
Rehabilitation/physical therapy program (applies to injured, post-surgical, arthritic, musculoskeletal, and neurological cases). * Note: Assessment prior to treatment design and implementation will be provided by Elana Goldberg.	
Please provide diagnosis and pertinent medical history of condition afflicting the above mentioned patient:	
Surgical and/or other procedures performed and date(s):	
Medication(s)/Supplements:	
Any concerns or contraindications to Massage, Radial Shockwave Therapy, Rehabilitation, or Underwater Treadmill to the above mentioned patient? (Heart Murmur, Epileptic, Diabetic, Coagulation issues, etc.)	
Veterinarian's name (print): _____	
Veterinarian's signature: _____	
Best way to contact you? _____	
Clinic: _____	Date: _____