

# Client Registration and Patient Questionnaire Form

Thank you for choosing Nautilus Pet Rehabilitation. We are so happy your here!

We are dedicated to providing your pets with high quality compassionate medicine. We look forward to becoming an important part of keeping your pet happy and healthy.

**Tell us about you!**

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**Owner's Name:**

**Spouse, if Applicable:**

**Address:**

Street Address

City

State / Province / Region

Zip / Postal Code

Country

**Phone Number Home:**

**Cell Phone Number:**

**Other Phone Number:**

**Email:**

**Tell us about your pet!**

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**Patients Name:**

**Breed:**

**Year of Birth or Age:**

**Gender:**

- Male
- Female

**Spayed / Neutered:**

**Color:**

**Microchipped:**

**Insured:**

**Contact Number For Insurance:**

**Previous Veterinary Health Care Providers:**

**May We Contact Them For Record Requests:**

**Patients Current Medications:**

**Patients Current diet:**

**Brief Description Of Patients Current Living Environment:**

**Reason For Appointment:**

**Energy and Well-Being:**

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**Energy Level in General is:**

- Normal
- Reduced
- Increased

**Energy is Highest in the:**

- Morning
- Afternoon
- Night
- Consistent

**Attitude / Mood Is Best In The:**

- Morning
- Afternoon
- Evening
- Night
- Consistence

**My Pet is:**

- Easily Excited (Papillon)
- Goal Driven (Eg. Border Collie)
- Dominant and Competitive (Eg. Jack Russel)
- Observant and Solitary (Eg. St. Bernard)
- Friendly and Obedient (Eg. Labrador)

**My Pet is:**

- Happy
- Content
- Restless
- Crabby
- Depressed

**My Pet Prefers:**

- To Be Cool
- To Be Warm
- Does Not Have a Preference

**Sleep is:**

- Normal
- Decreased
- Increased
- Restless at Night

**Dreams:**

- None
- Vocalization
- Running

**Mobility:**

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**Mobility Level is:**

- Normal
- Reduced
- Increased

**Mobility Is Best In the:**

- Morning
- Afternoon
- Evening
- Night
- Consistence

**My Pet Has a Specific Area That is Weak or Lame:**

- Yes
- No

**If “Yes,” Please Select All that Apply:**

- Front Right Leg
- Front Left Leg
- Back Right Leg
- Back Left Leg

**My Preferred Method of Communication:**

- Text
- Email
- Phone

**How did you Hear About Us:**

- Yelp
- Sign
- Referral
- Facebook
- Instagram
- Google Search
- Other

I understand that payment is due in full at the time of service. We will gladly prepare a written treatment plan before services are rendered upon request.

**I Consent To Sharing My Pet On Social Media And Marketing Materials:**

- Yes
- No

In the case of a medical emergency, if I cannot be reached, I hereby give the below person(s) permission to authorize Nautilus Pet Rehabilitation and/or Coast Veterinary to provide any medical treatment deemed necessary for my pet and permission for the doctor to treat to their best clinical judgment. I will be responsible for charges incurred in that treatment.

**Name:**

**Phone Number:**

**Name:**

**Phone Number:**

**Signature:**

**Date:**

Thanks for entrusting us with your four legged friends care. We consider it an honor and strive to provide the highest quality care available.

Be sure to "like" us on Facebook or follow us on Instagram!