

## Rehabilitation Patient Intake Form

Owner's Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred method of communication: Email or Phone call

Reason you are seeking rehabilitation for your pet: \_\_\_\_\_

Rehabilitation goals for your pet: \_\_\_\_\_

What medications or supplements is your pet taking? *Please include the dosage and frequency.*

Have you seen improvement with medications? \_\_\_\_\_

What is your pet's diet? \_\_\_\_\_

Current Activity Level: *(leash walks, formal training/sports, yard time etc):*

Does your pet have difficulty with the following? *Circle all that apply.*

Walking      Getting Up      Standing      Going Up and Down Stairs  
Urinating or Defecating Posture      Other: \_\_\_\_\_

If circled any above, how long have these issues been occurring? \_\_\_\_\_

We use treats during rehab sessions, is there anything you or your pet are allergic to that we should avoid? \_\_\_\_\_

Are there any physical limitations you have that we should consider when creating an at home rehabilitation plan for your pet? \_\_\_\_\_

Is there anything else we should know about your pet? \_\_\_\_\_