

Canine Rehabilitation Patient Intake Form

Owner's Name: _____ **Animal's Name:** _____

Email: _____ **Phone Number:** _____

Preferred Mode of Communication: Email or Phone Call

Reason you are seeking rehabilitation for your pet? _____

Rehabilitation Goals: _____

Current Activity Level? (Leash walks, formal training/sports, yard time etc.) _____

Does your pet have difficulty with any of the following? Circle all that apply

Walking Getting up Standing Going up/down Stairs Urinating or Defecating Posture

Walking on Slick Surfaces Other: _____

Your dogs favorite activity/treat/toys: _____

We use treats during session, is there any thing you or your pet are allergic to that we should avoid? _____

Do you have any physical limitations that we should consider when making an at home treatment plan for your pet? _____

Is there anything else about your pet we should know? _____

After your pet's initial consultation and evaluation a treatment plan will be created and discussed with you.