Pet Parent Questionnaire for Physical Rehabilitation

Date: ________________

Client Name: __________________________

Best Number to be reached at: __________________________

Patient’s Name: __________________________

**Patient History:**

Chief complaint noted at home (ie- not using a limb, falling, slipping, weakness):

____________________________________________________________________

____________________________________________________________________

Current Medications and supplements: __________________________

____________________________________________________________________

____________________________________________________________________

Please describe any and all pain behaviors exhibited? (For example, crying, licking, panting, limping, or restlessness).

____________________________________________________________________

____________________________________________________________________

Specific tasks that need to be performed at home (ie-stairs, obstacles):

____________________________________________________________________

____________________________________________________________________

Any difficulty urinating or defecating? Is he or she able to squat or lift leg normally to urinate and defecate? ________________

Normal activity level: __________________________

Flooring at home: __________________________

Known Allergies: __________________________

Current diet: __________________________
Additional medical conditions: __________________________________________________

Any other pets at home? ______________________________________________________

Current sleeping arrangements: _____________________________________________

Most important question: What are your goals with rehabilitation?
_________________________________________________________________________
_________________________________________________________________________

Special Notes: ______________________________________________________________

How did you hear about our Facility? _________________________________________