



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? _____