



## Dog Info

Date \_\_\_\_\_

Pet Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_ Male \_\_\_ Female \_\_\_ Neutered \_\_\_ Spayed

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (name & phone #) \_\_\_\_\_

What is the reason for seeking rehab for your dog? (check all that apply)

- Post Surgery
- Injury
- Arthritis
- Obesity
- Other \_\_\_\_\_

What is your dog's current diagnosis? (Please be specific)

\_\_\_\_\_

Surgery and/or Injury Date \_\_\_\_\_

Referring Veterinarian/Clinic/Hospital \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

General Practitioner Veterinarian (if different from above)

\_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

Does your dog have any other illnesses or injuries? \_\_\_ No \_\_\_ Yes \_\_\_\_\_



Does your dog have any allergies? \_\_\_No \_\_\_Yes\_\_\_\_\_

Current medications\_\_\_\_\_

Current Supplements\_\_\_\_\_

Is your dog up to date on all vaccines required by law? \_\_\_No \_\_\_Yes

**CURRENT level of activity**

- Sedentary - out to eliminate only
- Light - walks 1-3x/day for under 10 min
- Moderate - walks/runs 1-3x/day for 10-30 min
- Heavy - walks/runs 1-3x/day for 30+ min

**PREVIOUS level of activity**

- Sedentary - out to eliminate only
- Light - walks 1-3x/day for under 10 min
- Moderate - walks/runs 1-3x/day for 10-30 min
- Heavy - walks/runs 1-3x/day for 30+ min

**Activities requiring assistance**

- Positioning for urinating/defecating
- Walking
- Getting up from floor
- Stairs
- Getting into car
- None
- Other \_\_\_\_\_

Has your dog had any other rehabilitation therapies? \_\_\_No \_\_\_Yes\_\_\_\_\_

On what type of flooring does your dog spend the majority of their time?

- Hardwood/Tile/Linoleum
- Carpet/Rug

Are there any stairs in your home? \_\_\_No \_\_\_Yes  
If yes, does your dog need to use them? \_\_\_No \_\_\_Yes

Are there any other dogs in the home? \_\_\_No \_\_\_Yes If yes, please list age, breed & weight  
\_\_\_\_\_



What is your dog's current diet and quantity?

- Dry Kibble \_\_\_\_\_
- Fresh Whole Food \_\_\_\_\_
- Raw \_\_\_\_\_

Can your dog be given treats? \_\_\_No \_\_\_Yes (small training treats are recommended and are not provided by 4 Paws PT)

Does your dog have full control of their bladder? \_\_\_No \_\_\_Yes      Bowels? \_\_\_No \_\_\_Yes

Does your dog use any special collars? (gentle leader, Martingale) \_\_\_No \_\_\_Yes

Do you have a harness for your dog? \_\_\_No \_\_\_Yes

Describe your dog's reaction to strange people \_\_\_\_\_

Has your dog ever bitten, snapped or growled at a person? \_\_\_No \_\_\_Yes If yes explain below

\_\_\_\_\_

What are your rehab expectations for your dog?

- Decrease or eliminate pain
- Ability to eliminate without assistance
- Improve ability to rise from floor
- Short walks (10 min)
- Long walks (10-30 min)
- Home activities - play in yard, jump on/off furniture, stairs
- Heavy activities - running in dog park
- Sporting activities - agility, flyball

Please provide any additional information that would be helpful in planning your dog's rehab

\_\_\_\_\_  
\_\_\_\_\_