



Rehab Intake Form

Guardian Name: _____

Email: _____

Phone number(s): _____

Pet's Name: _____ Pet's D.O.B/Age: _____

Gender: Male / Female Spayed/Neutered: Yes / No

Who is your regular veterinarian? _____

Pet Insurance Company & Policy Number (if applicable): _____

Does your pet have any behavioral issues or "quirks?" _____

What made you schedule a session? _____

Is your pet currently under veterinary care for this issue? _____

Has your pet been diagnosed with an injury or illness? _____

What medications does your pet currently take (including any over the counter meds and supplements)? _____

Canine STRONG

What do you normally feed your pet (including meals, treats and human food)? _____

When your pet walks, do they walk normally? _____

When your pet runs, do they run normally? _____

When does your pet have the most difficulty? _____

How does your pet do going up and down the stairs? _____

What type of physical activity do you do with your pet, and how often? _____

Has your pet ever had a massage or PT before? If so, when? _____

Has your pet been injured? If so, when did the injury occur? _____

Has your pet gotten better, worse, or stayed the same? _____

What is your goal? _____

Anything else you'd like to share? _____
