



Loving Touch Animal Center Rehabilitation New Client Form

Pet's Name: _____

Client's Name: _____

Best Contact Number to Reach You: _____

E-mail address: _____

What is the **primary reason** for your interest in rehabilitation therapy for your pet? Please include information about when the issue started and if the symptoms have advanced.

If your pet had surgery to correct the issue above, how has your pet recovered?

- Slower than Expected
- As Expected
- Better than Expected
- Unsure
- Not Applicable

Does your pet have any previous medical history we should be aware of, including previous surgeries, past illness, heart murmur, etc?

Yes No

If yes, please describe _____

Is your pet currently on any medications or supplements?

Yes No

If yes, please list current medications _____

What is your pet's current diet? Please provide the brand, amount and frequency of feeding.

Does your pet have any food allergies?

Yes No Unsure

If yes, please describe _____

Is your pet free to have treats during a rehab session?

Yes No Only treats brought by owner

Please mark all of the **current activities** of your pet.

Leash walks, if yes, how long and how often are walks _____

Leash walks only for bathroom breaks

Free roam inside

Travels up and down stairs

Climbs on/off furniture

Plays with toys or other pets

Off leash exercise outside

Crate confined at night

Crate confined during day/when unsupervised

Other _____

Please mark all of the **previous activities** of your pet, prior to injury/illness.

Leash walks, if yes, how long and how often were walks _____

Leash walks only for bathroom breaks

Free roam inside

Travels up and down stairs

Climbs on/off furniture

Plays with toys or other pets

Off leash exercise outside

Crate confined at night

Crate confined during day/when unsupervised

Other _____

Does your home have any of the following elements? Select all that apply.

- Fenced yard
- Hardwood/tile floors
- Carpet
- Stairs
- Other _____

On a scale of 0 to 10, with 0 being "no pain at all" and 10 being the "worst pain", where do you think your pet's pain level is **today?** _____