



## 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.

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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* \_\_\_\_\_

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Is your pet currently on any medications or supplements?

Yes                      No

*If yes, please list current medications* \_\_\_\_\_

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

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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**? \_\_\_\_\_