



Patient Sticker

Rehabilitation Patient Questionnaire

Contact Number:

I would like to pick up my pet at: _____ today if possible.
(Rehabilitation patients will be ready for discharge between 4:00 and 5:00pm)

When did you last see your referring Veterinarian? _____

Some modalities require shaving to obtain the best results—may we shave your pet's fur if necessary? YES NO

Please indicate any symptoms (i.e. change in activity, weakness, worsening of lameness etc.) your pet has experienced since your last visit — please describe in the space provided:

How long has your pet experienced these symptoms? _____

Current diet (including amount being fed per day): _____ Dry AMT/Day : _____

Treats: YES NO AMT/DAY: _____ Wet AMT/Day: _____

Do you give any table scraps? If so what and how much? _____

Has your pet had surgery? YES NO

If yes please explain:

When was the last surgery performed? _____

Is your pet currently under cage rest restrictions? YES NO

Description of Pain:

Do you think your dog is in pain right now? YES NO

If so, where is he or she painful? _____

Do you think that your dog's pain has ever gotten worse after treatment? YES NO

Current Medications or Supplements:

Drug Name	How often given?	Was medication given today?	What time?	Refill needed today?
				YES NO

Did you pet improve on any of the medications ? YES NO

If so, which medications helped? _____

Description of stiffness:

Do you feel your dog is stiff in the morning? YES NO

Does your dog's stiffness seem to resolve or get better throughout the day? YES NO

Description of function:

Please indicate below if your dog has a problem doing any of the following activities.

Jumping up (as in getting into the car or onto the bed)? YES NO

Jumping down (as in getting out of the car or off the bed)? YES NO

Climbing up (as in stairs, ramps, or curbs)? YES NO

Climbing down (as in stairs, ramps, or curbs)? YES NO

Description of gait:

Does your dog appropriately use all four limbs when **walking**? YES NO

Does your dog appropriately use all four limbs when **trotting**? YES NO

Does your dog appropriately use all four limbs when **running**? YES NO

If no, please explain

Description of function:

Please describe what activities you dog does from when he/she wakes up to when he/she goes to sleep:

Do you walk your pet on a regular basis?

- Yes, leash walks only
- A combination of leash walks and free in fenced yard
- No leash walks, always free in yard

How long are your walks/yard time?

Time _____ Distance _____ Times/Day _____

What activities does your dog enjoy doing on a regular basis? How much time is spent doing these activities?

If your dog has had surgery or a lifestyle change, what kind of activities does he or she like to do at home now?

What goals are you looking to accomplish with your dog in physical rehabilitation?

Any other comments, questions, or concerns we can address?
