Rehabilitation Patient Questionnaire

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:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>How often given?</th>
<th>Was medication given today?</th>
<th>What time?</th>
<th>Refill needed today?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES     NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES     NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES     NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES     NO</td>
</tr>
</tbody>
</table>

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?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________