



4655 Research Park Blvd., Huntsville, AL 35806
Phone: (256) 837-9700 Fax: (256) 864-0868
info@centerforanimalrehab.com
centerforanimalrehab.com

Name: _____
Species: _____
Breed: _____
Color: _____
Age: _____
Sex: _____
Weight: _____

Owner: _____
Address: _____

Phone: _____

History:

Why is your pet being seen at the clinic today? _____

How long has your pet has this problem? _____

Was there an initial traumatic incident? _____

Have you noticed any progression or improvements in the past, since you first noticed your pets injury? _____

What type of food does your pet eat? How Much? _____

Has your pet taken any of the following medications? _____

Aspirin Rimadyl Deramaxx Etogesic Metacam Previcox
Tylenol Amantadine Tramadol Gabapentin Amitriptyline Omega fatty Acids (Fish Oil)
Glucosamine/Chondroitin Sulfate MSM Adequan Hyaluronic Acid Other: _____

What current medications does your pet receive? How much/ How often? _____

What results have you seen? Percentage of improvement? _____

Has your pet had any corrective surgery for this problem? When? _____

Have you sought other treatment modalities in the past (heat/ice, acupuncture, massage, etc.)? Any benfical effect? _____

Is there any significant travel history for your pet? _____

Functional Questions:

What is your pet's current activity level (compared to when they were one year old)? _____

Is your pet allowed on the furniture/bed? Is this difficult for them? _____

What type of flooring do you have (hardwood, tile, linoleum, carpet)? _____

Do you have stairs in or around your home? How many? _____

Does your pet have a difficult time rising from a laying position? _____

Does your pet become exhausted easily with exercise? _____

What kind of daily exercise does your pet receive? _____

Questionnaire Regarding your Dog's Function at Home

This questionnaire will help us learn more about how your pet functions in the home environment and will help us determine an individual plan of care for your pet. Please answer all of the questions and place an (*) next to the 3 items that concern you the most. Compare your responses today with those when your pet has been at its best.

Positive Behaviors

Appetite	Excellent	Good	Fair	Poor
Mood	Excellent	Good	Fair	Poor
Contact with human family members	Excellent	Good	Fair	Poor
Frequency of tail wagging	Excellent	Good	Fair	Poor
Activity	Excellent	Good	Fair	Poor
Play and Games	Excellent	Good	Fair	Poor

Negative Behaviors

Excessive panting	Never	Infrequent	Frequent	Very Frequent
Licking of lips	Never	Infrequent	Frequent	Very Frequent
Vocalization (audible complaining)	Never	Infrequent	Frequent	Very Frequent
Vocalization when stretching hind legs back	Never	Infrequent	Frequent	Very Frequent
Aggressiveness towards humans	Never	Infrequent	Frequent	Very Frequent
Aggressiveness towards other dogs	Never	Infrequent	Frequent	Very Frequent

Locomotion

Walking	Excellent	Good	Fair	Poor
Trotting	Excellent	Good	Fair	Poor
Galloping/Running	Excellent	Good	Fair	Poor
Jumping	Excellent	Good	Fair	Poor
Climbing Stairs	Excellent	Good	Fair	Poor
Descending Stairs	Excellent	Good	Fair	Poor
Laying Down	Excellent	Good	Fair	Poor
Getting up	Excellent	Good	Fair	Poor
Difficulty moving after rest	Excellent	Good	Fair	Poor
Difficulty moving after major activity	Excellent	Good	Fair	Poor

Any additional comment regarding your pet? _____

