



# NORTHEAST VETERINARY

## REFERRAL HOSPITAL

### Animal Rehabilitation and Fitness Examination Form

#### **Client Information (please print)**

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email (optional): \_\_\_\_\_

#### **Patient Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Spayed/Neutered? \_\_\_\_\_ At what age? \_\_\_\_\_  
What is the role of your pet? (circle)  
Companion Protection Agility/Working/Show Therapy Breeding

#### **Referring Veterinarian Info**

Referring Veterinarian: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
What type(s) of tests (blood work, x-rays) have been performed by your veterinarian for your pet's current problem?  
\_\_\_\_\_  
\_\_\_\_\_

#### **Patient History**

What type of food does your pet eat? \_\_\_\_\_  
How much do you feed your pet per day? \_\_\_\_\_  
Any food allergies? \_\_\_\_\_  
Does your pet enjoy treats and/or toys? \_\_\_\_\_

Please list your pet's supplements and/or medications (prescription or OTC) with dosages

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe your pet's current or past medical problems

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Has your pet recently experienced an injury? If so, please describe the event and when it happened.

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Has your pet undergone any recent surgical procedures?

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Please describe the current problem your pet is experiencing.

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How long has your pet had this problem? Has it progressed?

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Does the problem become worse under certain conditions?

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What treatment(s) has your pet received for this problem? What was the outcome?

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Why are you seeking rehabilitation services?

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Please list the goals you have for your pet.

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**Lifestyle History**

What was your pet's activity level prior to injury/surgery/age related changes?

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What type of exercise does your pet *currently* do on a daily basis?

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Is your pet able to go on a walk? \_\_\_\_\_ How long? \_\_\_\_\_

Do you notice problems during or after a walk? (lameness, stiffness)

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Has your pet experienced an increase or decrease in weight?

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Has your pet experienced an increase or decrease in endurance?

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Have you noticed a change in your pet's temperament/attitude?

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What does your pet like to do for fun?

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Do you think your pet is in pain? Why?

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## FUNCTIONAL QUESTIONNAIRE

Please use the numerical scale to complete the questions listed below.

- 1 = not able to perform activity (needs assistance 100% of the time)  
2 = moderate assistance to perform activity (needs assistance greater than 50% of the time)  
3 = minimal assistance to perform this activity (needs assistance less than 50% of the time)  
4 = no assistance needed  
5 = N/A

1. Able to position to urinate/defecate	1	2	3	4	5
2. Able to transfer from lay to sit	1	2	3	4	5
3. Able to transfer from sit to stand	1	2	3	4	5
4. Able to go up stairs	1	2	3	4	5
5. Able to go down stairs	1	2	3	4	5
6. Able to stand for 2-3 minutes	1	2	3	4	5
7. Able to get in and out of car	1	2	3	4	5
8. Able to get on/off couch or bed	1	2	3	4	5
9. Able to run	1	2	3	4	5
10. Able to jump	1	2	3	4	5
11. Able to walk on slippery surfaces	1	2	3	4	5

Is there any additional information we should know to better help you or your pet during therapy?

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Are there any owner limitations to performing at home exercises?

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