



Patient's name:

Is this different than previously? If so please explain:

Patient's lifestyle

- Non-mobile
- Couch potato
- Active house pet
- Outdoors in yard
- Active outdoor hunter

Have you noticed any recent change in daily routines?

Activities of Daily Living

Does your pet have difficulties with any of the following activities?

- Climbing stairs
- Urinating or defecating
- Eating from food dish
- Walking on smooth surfaces
- Walking on carpet or grass
- Getting in or out of bed
- Getting on or off favorite perch
- Getting on or off furniture
- Getting in or out of litter box

If yes, please describe below:

Does your pet have a high perch?

How does your pet still get up on the high perch?

Does your pet still get onto and off of the perch?

- Sleeping more
- Sleeping in different places
- Seeking heat
- Urine or stool outside of the litter box
- Not using perches
- Not wanting to jump up for treats/meals
- Not wanting to go outside
- Not seeking affection
- Seeking more affection
- Not lap sitting
- Not grooming or grooming less
- Seeking seclusion
- Grumpy (growling, biting or scratching)
- Withdrawal from surroundings
- Less interest in surroundings
- Seeks solitude
- Lays curled up or sits tucked up
- Not interested in food or treats
- Vocalizing more than usual
- Unsettled, pacing, uncomfortable
- Seeking heat
- If yes, please describe below:

Current activity level:

Amount of time outdoors per day:

Roaming or stays close to house?

Do you have a regular play time with pet?

If so what is the activity?

How often do you play and for how long?

Has the frequency or amount of time changed recently?

Commands/tricks already trained:
sit stand down stay wave find fetch
other:

Diet

Current food:

Number of meals per day:

Volume of food per meal:

and type of treats given:

Human food given? yes no

Any recent weight loss? yes no

Previous medical history

Dietary supplements:

Medications:

Allergies/drug reactions:

Previous illness or injuries:

Previous treatments or surgeries:

Recent tests:

Blood or urine tests:

X-rays, OFA/Penn Hip:

MRI or CAT Scan:

Current Medical Conditions:

Infections	Yes	No
Skin wounds	Yes	No
Breathing problems	Yes	No
Heart problems	Yes	No
Pace maker	Yes	No
Seizures/epilepsy	Yes	No
Cancer	Yes	No
Skin lumps	Yes	No
Pregnant	Yes	No
Bone plates/pins	Yes	No
Recent cortisone injection	Yes	No
Recent bleeding	Yes	No
Vomiting or diarrhea	Yes	No

Describe the injury:

When did it start?

Progression: Better Worse Unchanged

Current pain level 1-5 (0-no pain, 3-significant pain, 5-excruciating pain):

Bladder control: normal incontinent

Bowel control: normal incontinent

What makes it worse? Running, jumping, stairs, exercise, cold weather,

Other:

What makes it better? Exercise, rest, warmth, supplements, medicines,

Other:

What are your goals for rehab?

Home alterations previously made for your pet (ie: stair gates, throw rugs, ramps, different litter box):

Any other information we should know?
