

REHAB INTAKE FORM

Client Information

First Name		Last Name	
Street Address			
City	Province	Postal Code	
Home Phone	Cell Phone	Work Phone	
Email Address			
Spouse/Partner Name		Preferred Method of Contact	
Name of Regular Veterinary Hospital			

Patient Information

Patient Name		
Species	Date of Birth	Sex
Breed	Colour	
Is your pet microchipped?		
Yes	No	
Is your pet covered under a pet insurance plan?		
Yes	No	
If yes, what is your current pet insurance provider?		

Patient History

Daily & Weekly Activities (Describe)

Is activity level stable?

Yes

No

Does your pet have a job (i.e. therapy dog)?

Yes

No

Describe:

Does your pet perform any athletic activities (flyball, agility, scent detection, etc.)?

Yes

No

Describe:

Identification and duration of problem (in as much detail as possible):

Progression (getting better or worse?):

Is there any excessive panting, restlessness at night, or vocalizing?

Yes

No

Describe:

What do you feel is your pet's level of pain, from 1-10?

Minimal

1

2

3

4

5

6

7

8

9

10

Severe

What activities can your pet do (e.g. climbing stairs, jumping/climbing on couch/bed or car, etc.)?

If your pet has trouble with stairs, does he/she have an easier time going up or down?

Easier time going up

Easier time going down

N/A

Does anything seem to make the problem better or worse?

Are there any other pets in the household?

Yes

No

Describe:

Does your pet have any diagnosed pre-existing medical conditions?

Please list any recent tests performed by your regular veterinarian (e.g. x-rays, bloodwork, 4Dx, etc.):

Diet:

Supplements:

Medications (and if so, for how long, and are they helping?):

Please note: If you are unable to submit the form using the button above, please save the form, attach it to an email, and send to info@cedarviewvet.ca