

TheraVet Acres Rehabilitation and Fitness Examination Form



Client Information (please print)

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

E-mail: _____ Spouse/Significant Other Name: _____

How Did You Hear About Us: _____

Pet Information (please print)

Pet's Name: _____ Registered Name: _____

Breed: _____ Birthdate: _____ Male/Female Spayed/Neutered

How old was your pet when you obtained: _____ How old when spayed/neutered: _____

Where was your pet obtained from: _____

Pet History (please print)

Referring Veterinarian: _____

Referring Veterinarian Practice: _____ Yrs You Have been going There: _____

OFA/Penn Hip Status: _____ Allergies: _____

Pet Motivated by (food, toys, etc.): _____

Type of Food given (including snacks/treats): _____

Quantity of Food: _____ When fed: _____

Supplements given (with amounts): _____

Medications given (with amounts):

Does your pet have any major medical issues (past and/or present)? _____

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Has your pet undergone any surgical procedures (what and when)?

Reason for seeking our services: _____

Duration and progression of current signs: _____

Previous treatments and outcomes: _____

Is the condition worse with: Hot Day Cold Day After Exercising After resting/sleeping
Wet weather Unknown

Does your pet have any daily life restrictions caused by this condition? _____

Have you noticed anything that aggravates this condition? _____

Have recent x-rays, blood work or other diagnostics been performed for this current condition?

Please list your goals for therapy: _____

Activity/Exercise:

What type and quantity of exercise does your pet do on a daily and weekly basis? _____

Is your pet walked using: Head Harness Body Harness Collar Flexi-Lead Fixed Lead
Other _____

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Does your pet participate in any of the following?

Agility <input type="checkbox"/>	Fly-Ball <input type="checkbox"/>	Obedience <input type="checkbox"/>	Conformation <input type="checkbox"/>	Freestyle <input type="checkbox"/>
Hunt/field tests <input type="checkbox"/>	Earthdog tests <input type="checkbox"/>	Tracking <input type="checkbox"/>	Shutzhund <input type="checkbox"/>	
Herding <input type="checkbox"/>	Lure coursing <input type="checkbox"/>	Flying Disc <input type="checkbox"/>	CaniCross/Skijoring <input type="checkbox"/>	
Rally Obedience <input type="checkbox"/>	Dock Dog <input type="checkbox"/>	Working <input type="checkbox"/>	Other _____	

Home Environment:

Do you have stairs that your pet must go up/down? _____ How many? _____

Inside and/or outside the house? _____ Are they carpeted? _____

Does your pet have difficulty going up/down these stairs? _____

What type of flooring do you have in your house? _____

Does your pet prefer to sleep on soft or hard surfaces? _____

Does your pet prefer hot or cold places to sleep/lie down? _____

Does your pet have difficulty getting in and out of the car? _____

Do you have a ramp? _____

Do you have a fenced in yard? If yes, how big? _____

Does your pet have access to a dog door? Yes No

Do you have other pets (please list): _____

Which of our services are you interested in:

Acupuncture Chiropractic LASER Therapeutic Massage Pulsed Signal Therapy
 Therapeutic Exercises Land Treadmill Underwater Treadmill Hako-Med Whirlpool
 Sports Medicine Boarding Weight loss program Puppy program All of the above

Have you had acupuncture done on yourself or any of your pets previously? Yes No

Have you had chiropractic done on yourself or any of your pets previously? Yes No

Do you give Dr. Browne permission to perform gentle, hands only, spinal manipulations to your pet during the initial examination if she feels that it will be beneficial? Yes No

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Please give us any other information that you feel could be beneficial to us in helping your pet:

Thank you for taking the time to fill out this information; this will allow us to help your pet the best we know how.