

Veterinary Rehabilitation Services - New Patient Form



Owner's name:

Pet's name:

Address:

Contact number for day of appointment:

Species:

Breed:

Age:

Sex:

Weight:

Main area/s of concern:

Veterinary diagnosis:

Other previous issues/surgery:

What is your pet's favourite treat?

Does your pet have any food allergies?

Are there any peanut allergies in people your household?

Is your pet currently on medication? List dose and frequency: *please give as normal even on appointment day

Does your pet need pre visit sedatives? List dose given: *please arrange with your vet prior to this visit

Is your pet on any dietary supplements? List:

Are there any medications/supplements that can't be given?

When did the lameness/problem first occur?

How has it progressed/changed?

What diagnostic tests or treatments have been performed?

What activity restrictions does your pet have?

If your pet is still being walked? – For how long? What frequency?			
Is the problem worse: In the: Comments:	exercise:	rest:	medication:
Does your pet use stairs at home?	How many?	Inside or outside?	
Where does your pet sit in the car?		Are they able to jump in on their own?	
What type of flooring does your pet use at home?			
What does your pet get fed? – How much and how often?			
Does your pet get along with other dogs?		Other people?	
How does your pet usually respond at the vet? Do they need to be muzzled for exams? We are Fear Free & Low Stress Handling certified, we can make accommodations for your pet if notified)			
Is there anywhere your pet doesn't like to be touched?			
What commands/tricks does your pet know? (e.g. sit, drop)			
What would you like your pet to achieve with rehabilitation? (e.g. functionally independent, return to athletic function etc)			
Is there anything else you would like the vet to know about your pet?			
How much time can you spend doing therapeutic exercises with your pet on 3-5 days a week?			

I authorise Veterinary Rehabilitation Services (at Roleystone Animal Hospital) to perform a veterinary rehabilitation examination and initial treatment of my pet. I have notified the staff of any concerns relating to the treatments/procedures being performed. At the time of admission I will be made aware of any risks involved and I release the veterinarian and hospital from any legal and financial responsibilities arising from complications associated with the treatment. I understand that Rehabilitation Treatments can involve the use of TENS/EMS, laser, PEMF, manual therapies and/or therapeutic exercises and agree to have them applied as determined appropriate by the Certified Canine Rehabilitation Therapist.

I authorise to have my pet's photos and videos of its progress, as well as basic details such as my pet's name (excluding surname) and condition shared on social media and/or used for the purposes of advertising Veterinary Rehabilitation Services.

Cost of initial Rehabilitation Assessment \$400 excluding medication / devices as indicated & discussed with you.

Signature: _____

Date: