



Rehabilitation Therapy New Patient Intake Form

Thank you for choosing 1st Pet for your pet's Rehabilitation Therapy. Please fill out and email this form as soon as possible (preferably 48 hours before appointment):

The one to call – 24/7

Mesa - drlindgren@1stpetvet.com OR North Valley - drvenable@1stpetvet.com

Client Information
Name
Phone Number
Referring Doctor
Doctor Phone number

Pet Information			
Pet Name			
Breed			
Date of Birth			
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed

Desired Therapy Goals / Outcomes	

Activities Requiring Assistance <small>(Please describe as much as possible)</small>	
<input type="checkbox"/> Walking <input type="checkbox"/> Getting up <input type="checkbox"/> Getting into car <input type="checkbox"/> Urination/defecation positioning <input type="checkbox"/> Other _____	Describe:

Current Daily Activity <small>(frequency and length of walks, etc.)</small>
Describe:

Home Flooring <small>(types of flooring your pet walks on regularly)</small>				
<input type="checkbox"/> Carpet	<input type="checkbox"/> Tile/hardwood	<input type="checkbox"/> Linoleum/vinyl	<input type="checkbox"/> Stone	<input type="checkbox"/> Other: _____
Is your pet slipping or having trouble getting up on slick surfaces (hardwood/tile)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your pet maneuver stairs on a regular basis?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, does s/he have any difficulty?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Current Diet (Please include regular food, treats, and primary protein source)

Product Type/Brand	Form (i.e. kibble, canned, etc.)	Frequency

Current Supplements (Please include joint supplements, vitamins, fish oils, etc.)

Product Name/Brand	Dose	Frequency

Current Medications (Please include all prescribed and routine meds—heartworm preventative, flea/tick preventative, etc.)

Product Name/Brand	Dose	Frequency

Other Medical Conditions (Past or present)

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Prepare for the Visit (When possible, the following will help us provide a more accurate diagnosis and effective treatment plan)

- Record video of behavior/movement changes (especially useful for shy/fearful pets that might not show normal behavior in the office)