



Massage and Rehabilitation Patient Evaluation

To better serve you and your pet, please fill out this patient evaluation and return it to our office prior to your appointment at CCRehab@Yahoo.com or fax (262)514-2878. This will help our rehabilitation therapist to understand your pet's lifestyle and current areas of concern. We look forward to seeing you soon.

Client Name: _____ Pet's Name: _____

Is your pet currently in good health? _____

*Primary Veterinarian and Clinic: _____

Does your pet do well with others or do they need assistance? We are always understanding when it comes to behavior, but please let us know if there are any safety concerns we should be aware of ahead of time.

1.) Please list any of your pet's medical issues or previous medical diagnoses. How long has your pet had this issue?

2.) Please list all medications/supplements that your pet currently takes, including dosages:

3.) What is your goal for your pet's therapy today? _____

4.) Do you think that your pet is in pain? On a scale of 0-4 (see below), please rate that pain: _____

0 - Happy, content, not reactive

1 - mildly reactive, slightly uncomfortable, distracted

2 - mild to moderate pain, vocal, withdrawn, looks uncomfortable

3 - Crying when touched, moderate to high pain, biting/chewing

4 - Screaming, severe pain, refusal to get up

5.) Are you noticing any areas of stiffness or pain? If so, where? _____

6.) What is your pet's lifestyle like? Are they a family pet? Working dog? Performance animal?

7.) How did you hear about our facility? _____

*A veterinary massage and rehabilitation report will be sent to your primary veterinarian after your visit. We do require all patients to have written permission from their primary veterinarian to receive services. All patients must be up to date on rabies vaccine. By signing below you are acknowledging that the information provided is accurate and up to date.

Owner Signature _____ Date _____