Date:

REHABILITATION THERAPY QUESTIONNAIRE

Owner's Name:

Pet's Name:

Sex: ☐ M ☐ F **Spayed/Neutered:** ☐ Y ☐ N **DOB/Approximate Age:**

Species: ☐ Canine ☐ Feline ☐ Other **Breed:**

PATIENT'S HEALTH HISTORY

List any prescribed drugs and over-the-counter drugs, such as vitamins, that your pet takes.

Name of the Drug	Strength	Frequency Given

Please list any allergies your pet has (medications/foods/environmental):

Name of the Allergen	Reaction Your Pet Had

Question	Yes	No
Is your pet aggressive towards humans? (typically muzzled for exams?)	☐ Yes	☐ No
Is your pet aggressive towards other dogs?	☐ Yes	☐ No
Does your pet have any phobias? (storms, etc) – please list if yes:	☐ Yes	☐ No
Do you feel your pet is at a healthy weight?	☐ Yes	☐ No

Which food does your pet eat?
How much? How Often?

What motivates your pet? (Toys/Treats?)

What training level has your pet attained?

What commands or tricks does your pet know?

What do you feel is a realistic time amount for home exercises?

What type of flooring is in your home? (tile/carpet/hardwood?)

Are there stairs in your home? Does your pet have to use these daily?

Where does your pet sleep? (crate, own bed, your bed?)

Is there anything else we should know about your pet?

Previous Medical History
If your pet has been seen by a veterinary office other than Madison Veterinary Hospital, please complete the following history.
Previous Veterinarian:
List any medical problems that other doctors have diagnosed and past surgeries or illnesses: