

# Paws in Motion

Foster Animal Hospital **704-786-0104**

730 Concord Parkway N, Concord NC 28027

## Client Information

Client First Name: \_\_\_\_\_ Client Last Name: \_\_\_\_\_  
\_\_\_\_\_ Client Phone: \_\_\_\_\_ Spouse  
Number: \_\_\_\_\_

Email:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Others who will bring Patient:

\_\_\_\_\_

Relationship to you:

\_\_\_\_\_

How Did you hear about us?

\_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed:  
\_\_\_\_\_

Current Weight: \_\_\_\_\_ Primary Vet:

\_\_\_\_\_

Primary Vet Number/Email:

\_\_\_\_\_

Color: \_\_\_\_\_ Gender: Male/ Female    Neutered/ Spayed

Heartworm Prevention: \_\_\_\_\_ Flea/Tick Medications:

\_\_\_\_\_

Date of Vaccines (Rabies, Bordetella,

Distemper): \_\_\_\_\_

Rehab is done from 9-5pm, Monday through Friday. You may drop off and pick up from 7am to 6pm. The rehab door will be locked when I am not here. Please indicate if you will be dropping off or staying with your pet when making appointments to help with scheduling. Thank you.

Please Explain if Yes to History:

Asthma/Cough	
Arthritis	
Seizures	
Diabetes	
Heart Conditions	
Cancer	
Neck/Back Problem	
High Blood Pressure	
Allergies	
Decreased Hearing	
Decreased Sight	
Kidney Disease	
Liver Disease	
Senility/ Dementia	

List known Allergies:

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Past Surgical History/Date:

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Is the Patient clear by surgery to begin Rehab: YES NO

Current Medications (include supplements, vitamins, parasite control or over the counter):

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Past Medications That Worked for this issue:

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Past Medications that Failed:

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Reason for coming to us:

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Has your pet had rehab in the past (where/  
when):\_\_\_\_\_

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What worked and what did not work:

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If Surgery, for what and when:

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**Previous Level of activity:**

- Sedentary (out to eliminate only)
- Easy Walks- How Far: \_\_\_\_\_ How Many Minutes: \_\_\_\_\_ How times a week: \_\_\_\_\_
- Moderate walks-How Far: \_\_\_\_\_ How Many Minutes: \_\_\_\_\_ How times a week: \_\_\_\_\_
- Rigorous Walks-How Far: \_\_\_\_\_ How Many Minutes: \_\_\_\_\_ How times a week: \_\_\_\_\_
- On Leash
- Off Leash
- Day Care, rough play with other dogs- Where: \_\_\_\_\_
- In-home/ backyard play
- Working-What Kind: \_\_\_\_\_
- Competition- What Kind: \_\_\_\_\_

**At Home:**

**Stairs:** Can walk up them: **y/n** Can go the whole length without help: **y/n** #\_\_\_\_\_

**Flooring:** hardwood tile/stone carpet linoleum area rugs

**Other Pets:** Dogs#\_\_\_\_\_ Ages: \_\_\_\_\_ Cats#\_\_\_\_\_ Ages: \_\_\_\_\_

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**Leash/ Harness:**

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**Diet:** \_\_\_\_\_ **Restrictions:** \_\_\_\_\_

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**Appetite:** normal increased decreased

**Vomit:** NO YES **Diarrhea:** NO YES

**Physical Therapy Information**

Does your pet have full control of bowels? NO YES Bladder: NO YES

How many times a day are you expressing:

\_\_\_\_\_

Your pet struggles with:

Slippery Surfaces	Mild inclines	Uneven surfaces
Short Walks	Long Walks	Stairs
Staying in a sitting position	Posturing to Urinate	Posturing to Defecate
Running	Difficulty rising from sitting position	Difficulty moving to a sitting position
Getting in the Car	Getting on furniture	Getting off Furniture
Lay on side and change positions	Scratch behind ears	Stand while eating
Able to Jump		

What is Primary Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Long Has Your Pet had this issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past treatment for this issue:

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How did your pet response to the treatments:

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Does the condition inhibit any activities:

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What are your goals for physical therapy:

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Are you able to perform exercises at home:   **YES**    **NO**

Are you able to go on walks with pet:    **YES**    **NO**

Are you able to walk patient without struggling:    **NO**    **YES**

**If limping which Leg:**    Left Front.    Left Rear.    Right Front.    Left Front.

When did the symptoms start:

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Favorite Activity:

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Is she/he able to play comfortably:

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Have you noticed a change in your pet's desire for play?

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Do you notice limping, soreness, or stiffness during or after play?

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What time of day do you notice discomfort, stiffness or soreness in your pet?

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Any changes to attitude/temperament?

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Patient sleeping situation:

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Do you have young children at home:

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Access to dog door:

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How big the  
backyard: \_\_\_\_\_

Will we be leashed walked or free roaming for bathroom breaks:\_\_\_\_\_

Pain Medications:

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Does your pet attend:    Dog Parks            Doggie Daycare            Grooming

Does your pet like water:

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Do you have anything you do not want your pet to try?\_\_\_\_\_

Is there anything you can think of we might need to know:\_\_\_\_\_

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