

Client Information/Intake Form

Owner/Vet/Client info	
Date:	Owner's Name:
Address:	
Phone:	Email:
Preferred contact method: Call Text Email	
May we share picture of your dog online (ie social media, website, etc) Y N	
If Y, would you like to be tagged in social media posts? Y N.	
If Y, What is your social media handle?	
Veterinarian / Surgeon/Clinic Type and Date of Surgery (if applicable):	
Dog's Name:	Sex: <input type="checkbox"/> F <input type="checkbox"/> F Spay <input type="checkbox"/> M <input type="checkbox"/> M Neutered
Breed & Color:	Age/Birthday Approx Weight
Client Current Condition	
1. What is the main problem you are bringing your dog to see me for? When did it occur? Has it occurred before?	
2. How has your dog been since the issue started? Please check Same <input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> Please describe	
3. Is there anything that makes your dog's problem worse? Please check No <input type="checkbox"/> Yes <input type="checkbox"/> Please describe	
4. Has your dog had other treatment (vet and/or alternative therapies) for this problem? Please check No <input type="checkbox"/> Yes <input type="checkbox"/> Please describe	
5. Supplements (dosage, frequency, vet recommended?)	
6. Current Diet (please include treats)	

Your Pet's Current Mobility

1. Please describe your dog's current activity level (**frequency, intensity, duration – include any conditioning program/exercises**)
2. What was your dog's activity level prior to current condition/injury (frequency, intensity, duration)?
3. Do you have a canine athlete? Please describe activities, frequency, warmups/cool downs.
4. Please describe home environment (stairs, flooring) and how your dog manages in the home.
5. Is your dog having any accidents with bladder/bowel since this problem has occurred and/or any difficulty hold the position to urinate or have a bowel movement? Please describe
6. Does your dog current get on the furniture and do the need assistance to do so? Please describe
7. What type of bedding does you pet sleep on?

Dog's Past Medical History

1. Has your pet had previous injuries, surgeries or conditions affecting their mobility? Please describe and include any corresponding treatments

2. Vaccination history. Please describe

3. Known allergies. Please describe

4. Is there any other additional information you think I should have to help assess and treat your pet? Please describe

Pet parent/Owner's Goals (What is important to you? What would you like specific help with?)

- 1.

- 2.

- 3.

Consent Part 1

To the best of my knowledge, the information provided is an honest and accurate.

Please sign _____

I consent to Sarah MacKeigan, canine physical rehab therapist, to utilize evidence informed physiotherapy knowledge and skills to conduct an assessment and administer treatment of the above client, based on her assessment findings and medical history. I understand that she will discuss the assessment findings and recommend treatment with me before commencing treatment. Please note: you may be required to assist with the handling of your pet during therapy sessions. Please let Sarah know if you are unable/uncomfortable doing so. Please sign _____

Please be aware that assessment of your dog's condition may cause your dog some discomfort at the time of testing. This may be necessary to determine the nature of the injury/tissues affected. All necessary steps will be taken to minimize this and reduce and discomfort during and post assessment/treatment. Please note that you are encouraged to ask questions throughout the assessment to seek clarity of any concerns and may request a test not be done.

Please sign _____

Canine Physical Rehabilitation is client and owner participation dependent. Sarah may provide you with recommendations and exercises as part of a home exercise program (HEP). Your participation will enhance your dog's recovery.

Please sign _____

Thank you!

@upwarddogrehab

#inspiredbydogs #upwarddogpack #caninerehab

Upward Dog Rehab & Wellness
Mobile Canine Injury Recovery/Prevention
Serving Dartmouth, NS and surrounding area



Canine Rehab Therapist
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