**Rehab Questionnaire**

Top of Form

Rehabilitation Functional Questionnaire

This form is intended to establish your pet's medical history and assess your pet's functional abilities to help us monitor his/her progress.

This form to be completed **AFTER** you have booked an appointment by calling our main office at 760-444-0342.
Completion of this form does not register you for an appointment.

Pet Owner's Name\*

First Name

Last Name

Email\*

Confirm Email \*

Pertinent Medical History

Patient Name\*

Sex\*

Female Male

Age

Breed

What are your expectations?\*

Date of Injury (If Any)

Date of Surgery (If Any)

Pertinent Medical History\*

Current Medications and Supplements\*

Home Environment Questions

Does your pet use raised food and water bowls?\*

Yes No

Please describe your pet's diet.\*

What kind of floors are in the house?\*

Hardwood Carpet Tile

Select all that apply.

Do you have any stairs? How Many?\*

Do you have any other pets? What type and how many?\*

Does your pet use a ramp to get on/off of elevated surfaces?\*

Couch Bed Car None Other

Select all that apply.

Movement

How long are your daily walks?\*

How many times per day?\*

What was your pet’s previous level of activity before injury (if applicable)

What surfaces are your walks on?\*

Cement Asphalt Grass Hills Uneven Other

Select all that apply.

Is your pet dog-reactive?\*

Any concerns you'd like to discuss?

Bottom of Form