



In-Home Canine Rehab

Jessica Sherman, CCRP
(575) 937-5110

Email: olddogs_newtricks@outlook.com
Website: www.caninehealingtherapies.com

1. Please enter your information.

First Name:	Last Name:	Pronouns:	Partner's Name:
_____	_____	_____	_____
Street Address:	Apt/Unit #:	City:	State: Zip Code:
_____	_____	_____	_____
Mobile Phone:	Home Phone:	Work Phone:	
_____	_____	_____	
Email:	Preferred Contact Method:	Mobile Phone (text)	
_____	Mobile Phone (call)		
	Home Phone	Work	Email
	_____	_____	_____

How did you hear about Old Dogs, New Tricks? If someone referred you, please write down their name

2. Please enter your pet's information

Pet's Name	Breed		
_____	_____		
Date of Birth	Gender	Neutered/Spayed	Weight
_____	Male Female	Yes No	_____

Primary Care Veterinarian/Clinic

Veterinary Surgeon/Clinic

Do you have a pet insurance policy?

Insurance Provider

Yes No

3. Has your veterinary team ever expressed concern or difficulty performing any treatments or examinations on your dog? Has your dog ever needed to be muzzled? Any other safety concerns we need to be aware to make your dog experience with us the best possible?

Please let us know as much as you can about your pet's current condition:

4. What symptoms is your pet exhibiting? For how long?
5. How does this affect your pet's mobility on a day-to-day basis?
6. Does it limit your pet's ability to position to urinate or defecate? If you answered "yes", please explain.

7. Do you believe that your pet seems to be in pain? If you answered "yes", please explain.

8. What is your pet's current physical activity regimen? How does that compare to the pre-injury routine?

Please answer the following questions regarding your pet's overall health:

9. Please indicate with an 'X' if any of these issues apply to your pet, and if they are current, intermittent, or a past problem:

	Current	Intermittent	Past	Never
Excessive thirst				
Not drinking				
Not eating				
Excessive panting				

10. Please expand on any concerns you might have regarding an answer to the previous question:

Please answer the following questions regarding your home set-up:

11. Does your home have stairs that your pet needs to maneuver? If so, is your pet currently having any issues doing so?

12. What kind of flooring do you have at home? Is your pet experiencing any slipping?

Please answer the following regarding any current medication or supplements given to your pet:

13. Which prescription medication is your pet currently taking?

	Medication	Dosage	Frequency	Effective?
1				
2				
3				
4				

14. Which supplements is your pet currently taking?

	Supplement	Dosage	Frequency	Recommended by a vet?
1				
2				
3				
4				
5				
6				
7				

Please answer the following regarding your pet's diet:

15. What food and treats do you currently give to your pet?

	Food/Treat	Amount	How Often?
1			
2			
3			
4			
5			
6			
7			

