

NEW PATIENT INTAKE FORM – Focus Pet Rehab Clinic

A. Owner Information

Owner/Guardian Name:

Address:

City:

Postal Code:

Phone:

Email:

Emergency Contact:

Phone:

B. Pet Demographics

Name:

Species:

Canine

Feline

Other:

Breed:

Age (years):

Sex:

Male

Female

Neutered/Spayed

Weight (kg):

Microchip / ID:

Colour/Markings:

C. Primary Concern & Medical History

Main reason for referral/appointment:

Veterinarian/Clinic:

Date of last veterinary visit:

Relevant Conditions (check all that apply):

Orthopaedic injury

Neurological condition

Arthritis

Post-surgical recovery

Hip/Elbow dysplasia

Back/Neck pain

Other:

Past surgeries:

Past injuries:

Current medications:

Allergies: