

**New Client Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Dog’s Name: |  |
| Dog’s Breed: |  | Dog’s Age: |  |
| Owner Name |  | Phone No: |  |
| Veterinary Clinic  |  | Owner’s Email |  |
| Address |  |
| History  |

|  |
| --- |
| **Does your dog have any prior existing injuries or conditions? If yes, please specify:****What led up to this condition/ how did the injury occur:****Has any surgery or veterinarian investigation occurred for this condition/ injury? If yes, please specify.****Are there any aggravating factors, that you are aware of, that may cause discomfort?****Is the dog on any medication? If yes, please specify.****Is the dog on any supplements? If yes, please specify.****What is your dog’s current diet?****What are your goals e.g ease discomfort, pampering etc.** |

|  |
| --- |
| Current Function: |

|  |  |
| --- | --- |
| **What exercise/ activities/ walking is currently undertaken?**  **Where does your dog spend the majority of their time e.g indoors/ outdoors?****Does your dog jump on/ off furniture or in / out of the car unassisted?****Are you undertaking any current rehabilitation for your dog? If yes, please specify.** **What floor surfaces does the dog mainly walk on?**  **Is the dog required to navigate stairs?** **Does the dog require any assistance when toileting?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Past Medical / Mobility History:** **If there has been any recent changes with the dog’s abilities or functions, please complete the below :**

|  |
| --- |
| **PREVIOUS FUNCTION:** |

**\*\*\* Please complete this section if your dog has had a change in their functionality \*\*\*****Previous Exercise / Activity / Walking:** **Where is/ was the dog kept in the day:** **What floors surface were navigated? Was this with ease?** **Were they jumping up with ease e.g on furniture etc?**  **Were they able to easily navigate stairs?**  |

**I do / do not** give permission for photos to be taken and used in promotional materials, including social media (please circle your response)

|  |  |
| --- | --- |
| **Owner’s signature:** |  |
| **Date:** |  |