Rehabilitation Questionnaire

Please take few minutes to complete this questionnaire. By providing this information, you are giving me crucial insight to your pet’s everyday life. This will be used to help create a rehab program to best suite your pet and lifestyle.

What medications/supplements is your pet currently taking?

What brand of food do you feed?

What are your goals for your pet during rehab?

What is your pets primary condition/reason for rehab?

Does your pet have any previously diagnosed conditions?

Do you prefer to be contacted by:

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your pets primary job?

* Agility Last event completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hunting Type of hunting and frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Obedience Last event completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Herding Last event completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rally Last event completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Conformation Last event completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Therapy Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Family Pet
* Other Please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of floors does the majority your home have?

Does your home have stairs? If so, how many?

Does your pet prefer warm or cool surfaces when resting?

Thank you for completing this questionnaire. I look forward to meeting you and your pet!

Morgan Dums, CVT, CVMRT

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