

# Rehabilitation Questionnaire

Please take a 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.

Does your pet have any previously diagnosed conditions?

What is your pets primary condition/reason for rehab?

What are your goals for your pet during rehab?

What medications/supplements is your pet currently taking?

What brand of food do you feed?

What is your pets primary job?

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Agility      | Last event completed_____          |
| <input type="checkbox"/> Hunting      | Type of hunting and frequency_____ |
| <input type="checkbox"/> Obedience    | Last event completed_____          |
| <input type="checkbox"/> Herding      | Last event completed_____          |
| <input type="checkbox"/> Rally        | Last event completed_____          |
| <input type="checkbox"/> Conformation | Last event completed_____          |
| <input type="checkbox"/> Therapy      | Type_____                          |
| <input type="checkbox"/> Family Pet   |                                    |
| <input type="checkbox"/> 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?

Do you prefer to be contacted by:

Phone \_\_\_\_\_

Email\_\_\_\_\_

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

Morgan Dums, CVT, CVMRT

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