



Newberg Canine
Rehabilitation Center, LLC

Client Information Form

Primary Owner _____ **Phone 1** _____

Secondary Owner _____ **Phone 2** _____

Address _____ **City/ST/ZIP** _____

Email _____ **Emergency #** _____

Dog Name _____ **Breed** _____ **Sex** _____

Neutered/Spayed _____ **Color** _____ **DOB** _____

Injury _____

Past Medical History _____

Veterinarian/Clinic _____ **Phone** _____

Vaccinations _____

Previous Surgery _____

Allergies _____

Medication _____

Diet/Food _____

Previous Activity _____

History of Present Illness _____

Treatment Since Injury/Surgery _____

Owner's Goals _____
