



6451 Applecross Rd. Nanaimo, B.C. V9V 1N1
 P. 250-390-2391 F. 250-390-1741
 info@applecrossvet.ca

Rehabilitation: Client Information Form

Please fill out this form and email it to info@applecrossvet.ca at least 1 day prior to your appointment

Owners name			
Phone	Home	Cell	Work
Email	(Home exercises and progress notes will be sent through email)		
Address			

Patient name		Breed		Sex	
Birth date		Colour		Spayed/neutered	

PATIENT HISTORY

Major Problem				
Referring veterinarian & clinic				
Surgical procedure & date				
Surgeon & clinic				
History of present illness				
Treatment since injury/surgery				
Current medications				
Non-prescription medications/supplements				
Previous medical history				
Vaccine history				
Allergies	(If there are food allergies, please bring in a small bag of their food to be used as treats)			
Diet/Food				
Treats				
Current exercise routine				
Tricks/commands (please describe the command)				
Working dog?				
Fears/aggression/temperament				
Other history				
Owners goals	(ie house pet/ agility / sporting dog; what outcomes would you like to see from rehabilitation etc.)			
Owners constraints	(ie injury / illness that limits ability to do at home exercises; time conflicts etc.)			
Home environment	Stairs (Approximate #)		Flooring(ie hardwood)	
	Other animals		Bedding	

Activities of Daily Living

Please rank the below activities based on the following scale:
 0= unable to perform, 1= needs moderate assistance, 2= needs minimal assistance, 3=able to perform independently

Posture to urinate		Posture to defecate		Lay down to sit		Sit to stand		Roll over		Up stairs		Down stairs	
Get in car		Get on couch/bed		Walk		Run		Jump		Duration of walk			

***Please only feed 1/2 of the normal amount of food the day of rehabilitation and bring the rest to be used as treats.**