



Canine Rehabilitation  
027 221 5870  
[jac@caninecentral.co.nz](mailto:jac@caninecentral.co.nz)  
65 Gully Road  
RD2  
Cromwell

**Client Intake Form:**

**Owners Name:**

**Date:**

Address:

Phone:

Email:

Age:

Sex:

Desexed:

- Yes
- No

Breed:

Vaccinated:

- Yes
- No

Date of last vaccination:

**Referring Vet:**

Please contact your pets Veterinarian and request their records/history be forwarded to [jac@caninecentral.co.nz](mailto:jac@caninecentral.co.nz)

**Purpose of Visit:**

Date injury/condition occurred:

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How has your dog been since the issue started?

- Same
  - Better
  - Worse
- 

Is there anything that makes your dog worse?

- Yes
- No

Please Describe:

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Has your dog had any other treatment for this problem?

- Yes
- No

Please Describe:

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Is your dog currently on any medications?

- Yes
- No

Please Describe:

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Please describe your dogs diet:

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What are your treatment goals for your working dog?

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**General History/Home Environment:**

Describe your dog's current activity level? (Frequency, Intensity & Duration)

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Describe the type of terrain they are working on - rocky, steep, hilly, flat, yardwork. What percentage?

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What mode of transport is your dog in on a typical working day?

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Does your dog have difficulty getting in/out of the truck, side by side or 4-wheeler?

Yes

No

Please Describe:

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What type of kennelling does your dog have, is it ground level or raised?

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Does your dog have any bedding in their kennel?

Blanket

Canvas

Wool

Rubber

Nothing

Please Describe:

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Is your dog covered in the colder months?

Yes

No

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**What to expect:**

Your initial Treatment will last 1.5 hours. You will be required to assist with the handling of your pet during the therapy sessions. If your dog is unsure about strangers or requires a muzzle please advise ahead of time to avoid unnecessary stress.

**Authorisation & Consent:**

I consent to Jacqui Chittock, Canine Rehab Therapist to administer Laser/Bowen & Therapeutic Exercise on my working dog. I understand she will discuss the assessment findings and recommend treatment with me before commencing the treatment.

Canine Physical Rehabilitation is client and owner participation dependent. Jacqui may provide you with recommendations and exercises as part of a home exercise programme (HEP). Your participation will enhance your dog's recovery.

*Please Sign:* \_\_\_\_\_

**Media Release:**

I authorise the use of my pet's image for the purpose of promotion, education or advertising.

*Please Sign:* \_\_\_\_\_