



Canine Rehabilitation
027 221 5870
jac@caninecentral.co.nz
65 Gully Road
RD2
Cromwell

Client Intake Form:

Owners Name:

Date:

Address:

Phone:

Email:

Dogs Name:

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

Purpose of Visit:

Date injury/condition occurred:

How has your dog been since the issue started?

- Same
 - Better
 - Worse
-

Is there anything that makes your dog worse?

- Yes
- No

Please Describe:

Has your dog had any other treatment for this problem?

- Yes
- No

Please Describe:

Is your dog currently on any medications or supplements?

- Yes
- No

Please Describe:

Does your dog have any history of previous injuries, illnesses, surgeries or chronic conditions?

- Yes
- No

Please Describe:

Please describe your dogs diet:

What are your treatment goals for your pet?

General History/Home Environment:

What type of flooring do you have in areas your dog resides in and how do they manage?

Does your dog have difficulty getting in and out of the car or climbing/descending stairs?

What type of bedding does your pet sleep on?

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

- On leash
- Off leash
- Harness
- Collar

If your dog participates in sport, what is their current level of performance?

Please describe any changes in grooming habits e.g. chewing or licking joints, or changes in coat appearance:

Has your dog's posture changed? E.g. sitting with one leg out or lying on one side only.

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.

We encourage you to bring along things from home to make your pet feel more comfortable. eg a blanket or a toy.

I have treats available but if your dog has any special dietary requirements then feel free to bring their own treats along.

Authorisation & Consent:

I consent to Jacqui Chittock, Canine Rehab Therapist to administer Laser/Bowen & Therapeutic Exercise on my pet. 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: _____