



Name:

Pet's Name:

Birthday:

Best way to reach you:

Email for reminders:

History:

Why is your pet being seen today?

How long has your pet had this problem?

Was there an initial traumatic event?

Have you noticed any progression or improvement?

What medications is your pet on?

What type of food does your pet eat? How much & how often?

What treats do they get?

Has your pet had any corrective surgery? When?

Any previous injuries or issues?

Activity:

What is your pet's current activity level? What is the daily exercise they receive?

Is your pet allowed on bed or sofa? Is this difficult?

Do you have stairs at home? Is this difficult?

What types of flooring do you have at home?

Does your pet have difficulty getting up from laying position?

Does your pet tire easily? After how long?

What commands or tricks does your pet know?