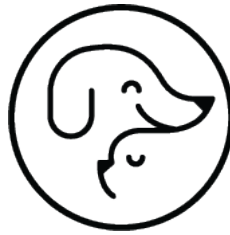


**PAWSITIVELY
POOCHED**



#16 728 Northmount Dr. NW
Calgary, Alberta T2K 1P5
+1 (403) 241-5030
Paws@PawsitivelyPooched.com
www.PawsitivelyPooched.com

Rehabilitation - New Client Form

Name: _____

Address: _____

Phone number: _____ Date: _____

How did you hear about the Pawsitively Pooched rehabilitation program?

- Veterinarian Friend/family member
 Internet Other

Pet Information:

Name: _____ Age: _____

Breed: _____ Sex: _____

Family vet: _____

Specialist or surgeon: _____

Other healthcare providers: _____

Date of injury/duration of problem: _____

Date of surgery (if applicable): _____

Current medications: _____

Current supplements: _____

Treatment:

Activity level prior to injury (check all that apply):

- Leash walks Leashed jogging/running
 Off leash parks/free play Activity play (frisbee, etc.)
 Competition (flyball, agility)

Current activity level: _____

Do you feel that your dog is overweight? _____

Does your pet have problems or difficulty with any of the following:

	YES	NO
Short walks	<input type="radio"/>	<input type="radio"/>
Long walks	<input type="radio"/>	<input type="radio"/>
Slippery surfaces	<input type="radio"/>	<input type="radio"/>
Uneven surfaces	<input type="radio"/>	<input type="radio"/>
Mild inclines	<input type="radio"/>	<input type="radio"/>
Stairs	<input type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>
Rising from sitting	<input type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>
Limping (please indicate which limb)	<input type="radio"/>	<input type="radio"/>
<hr/>		
Running	<input type="radio"/>	<input type="radio"/>
Pain or lameness following exercise	<input type="radio"/>	<input type="radio"/>
Posturing for urination	<input type="radio"/>	<input type="radio"/>
Posturing for defecation	<input type="radio"/>	<input type="radio"/>

What are your goals?

Any other concerns or information you would like to share with us?

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Consent

Treatment may include laser therapy, assisted swimming, balancing, strengthening and cardio work. Treatments will be discussed with you and you may decline therapies you choose not to have your pet participate in. Please note that this is physical activity, and injury may occur. Our goal is to provide a safe environment for your pet.

I, _____, waive the right to take legal action against Pawsitively Pooched, any employee, or contractor of the business, if injury occurs to myself and/or my pet while attending rehabilitation sessions.

Signature _____ Date: _____