



VETERINARY
SPECIALTY
CENTER

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www.vetspecialty.com

REHABILITATION THERAPY QUESTIONNAIRE

Owner's Name:		Appointment date:	
Pet's Name:			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Spayed/Neutered: <input type="checkbox"/> Y <input type="checkbox"/> N	DOB/Approximate Age:	
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other:		Breed:	

Reason for rehabilitation referral: _____

PATIENT'S HEALTH HISTORY

List any prescribed drugs and over-the-counter drugs, such as vitamins/supplements that your pet takes:

Name of Drug	Strength	Frequency Given

Please list any allergies your pet has (medications/foods/environmental):

Name of Allergen	Reaction Your Pet Had

Is your pet aggressive towards humans? (typically muzzled for exams?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your pet aggressive towards other animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your pet have any phobias (storms, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What motivates your pet? (toys/treats?):		
What training level has your pet attained?:		
What commands or tricks does your pet know?:		
What do you feel is a realistic time amount for home exercises?:		
What type of flooring is in your home? (tile/carpet/hardwood?):		
Are there stairs in your home?	Does your pet have to use these daily?	
Do you feel your pet is at a healthy weight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which food does your pet eat?	What serving size?	How often?

Please answer the following by selecting the corresponding answer for the past six months.

Increase Decrease No change

Has your pet experienced a weight change?			
Has your pet experienced a change in endurance?			
Has your pet experienced a change in play level?			

Please rank the following questions by selecting the corresponding number.

- 1- Not able to perform activity (needs assistance 100% of the time, or cannot physically do this activity)
- 2- Moderate assistance to perform activity (needs assistance >50% of the time)
- 3- Minimal assistance to perform activity (needs assistance <50% of the time)
- 4- Independent with this activity (no assistance needed)
- 5- N/A

1 2 3 4 5

Able to maintain a standing position?
Able to position self to urinate?
Able to position self to defecate?
Able to transfer from lying down to sitting and vice versa?
Able to transfer from sitting to standing and vice versa?
Able to transfer from lying down to standing and vice versa?
Able to scratch behind ears?
Able to ascend stairs?
Able to descend stairs?
Able to walk up an incline or hill?
Able to get in/out of your car?
Able to get on/off couch or bed?
Able to run?
Able to jump?

What type of exercise does your pet receive daily?

Does your pet go on daily walks? Yes No
 If yes, what is the average length and time of your daily walks?

Could your pet previously walk longer? Yes No
 Average distance/time previously?

What does your pet enjoy doing?

Has your pet been able to continue to do those activities? Yes No
 Please elaborate:

Does your pet appear to be in pain? Yes No
 If yes, what makes you think this?

Satisfaction with your pets strength and ability at this time?	
1- Beyond expectations	
2- Better than expected	
3- What I expected	
4- Not as well as expected	
5- Disappointed	

List any additional illnesses diagnosed, injuries, medical problems or past surgeries known: _____

Goals and expectations of rehab for your pet: _____

Is there anything else you'd like to tell us about your pet?: _____

Thank you for completing the Rehabilitation Questionnaire.
Please email this form to rehab@vetspecialty.com or fax it to 847.808.8900.