



Rehabilitation Functional Questionnaire

Date

Client Name

Patient Name

Email

What are your main concerns regarding your pet:

How long has this been occurring?

Have there been any changes or anything that makes it better or worse? If so, please explain:

Has your pet ever had any major illnesses, injuries, or surgeries?

Yes

No

If yes, please list the illness, injury, or surgery:

Has your pet had any imaging done (X-rays, MRI, CT U/S)?

Yes

No

If yes, please list the imaging:

Has your pet received any type of rehabilitation or acupuncture services before?

Yes

No

How long have you had your pet?

Where did you acquire your pet?

Does your pet have any allergies?

Yes

No

If yes, please list the allergies:

What do you feed your pet? Please include brand/variety of food, frequency and quantity. Include treats, how many given and type if applicable.

For Example: Natural Balance, Limited Ingredient Diets Potato & Duck Dry Dog Formula. 1 cup, twice a day. 2 bully sticks a day.

How is your pet's thirst? Please include if this has increased/decreased recently:

Has there been any changes in your pet's weight?

Yes

No

If yes, please explain:

Please list all current medications supplements and doses:

Do you travel with your pet?

Yes

No

If yes, where and how often?

Are there other pets in the home?

Yes

No

If yes, please list other pets:

Does your pet attend day care, dog parks, or boarding facilities?

Yes

No

If yes, please describe the interaction and how often:

Does your pet have a job? (e.g. agility, therapy/service, obedience, working etc.)

Yes

No

If yes, please describe:

Is your pet able to sleep through the night?

Yes

No

Where does s/he sleep?

Please describe a typical day for your pet: From the time they wake up to the time they go to bed, including all activity, walks, play, yard-time, crate-time, feeding etc.

What motivates your pet? (treats, toys, people)

Is your pet able to go for walks?

Yes

No

If yes, what is the duration and frequency?

Have you noticed any changes in your pet's activity or energy levels?

Yes

No

If yes, please explain:

Do you feel as though your pet has a good quality of life?

Yes

No

Below is a list of activities. Please select the number that best suits your pet's ability to perform each activity. The description of each number is as follows:

- 1 = Able to complete activity independently without any assistance
- 2 = Able to complete activity with minor assistance
- 3 = Able to complete activity with major assistance
- 4 = Not able to complete activity with any type of assistance
- 5 = N/A - not allowed to perform this activity

Stand

Sit

Lay Down

Transition between stand/sit/down

Position to urinate

Position to defecate

Ascent stairs

Descend stairs

Ability to get on/off furniture

Ability to get in/out of cars

Run

Jump

Ability to navigate on slippery floors

Wag their tail

Please describe any other areas your pet has trouble with:

Please provide any other additional information you think would be helpful for us to know about your pet:

What are your goals with providing rehabilitation for your pet?