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DATE OF FIRST APPOINTMENT		LOCATION	
ANIMAL'S NAME		BREED	
DATE OF BIRTH		AGE	MALE/FEMALE ENTIRE/DESEX
OWNER'S NAME		PHONE	
POSTAL ADDRESS			
EMAIL		VET	
VET HOSPITAL		PHONE	
Presenting Complaint			

Investigations _____

Medical History _____

Surgical History _____

Medications _____

What about this condition is the main problem for you? _____

So therefore what is the main improvement you seek from Physiotherapy? _____

Have you ever had Physiotherapy yourself? NO/ YES: Similar/Different condition

Has your pet ever had Physiotherapy/Chiropractic/Muscle Manipulation before? _____

If YES, what seemed to help? _____

What didn't help? _____

How long have you had this animal? _____ Bred/Since 8 weeks/Rehomed at age _____

Has s/he been trained to sit on command? YES/ NO Drop/Lie/Down? YES/ NO Stay? YES/ NO

What most motivates him/her? Food/ Toy/ Praise/ None/ Hyper Food allergies? NO/ YES:

Personality-wise, is s/he sensible/ drama queen/ hyperactive/ lazy/

Tell us about the onset: did you see an accident, or over how long did you notice the deterioration? _____

Is the information we have gathered about his/her medical and surgical history, medications and investigations complete and correct? YES/ NO:

Is the problem constant? YES/ NO Is it worse after _____ Rest/Activity: _____

How many stairs does s/he access? _____ Normal/Bunny Hops/Worse Up/Worse Down

What about getting in or out of the car? Needs help getting IN/OUT

Have you noticed any changes in:

Bladder and bowel function Urinary incontinence/retention/faecal incontinence/cocked now squats/walks

Sitting position Symmetrical/Always left up/Now left up/Always right up/Now right up

Lying position Symmetrical/Always left up/Now left up/Always right up/Now right up

Tail/stump carriage Stronger left/Stronger right/Lower/Limp

Appetite or weight loss or gain Eating less/Eating more/Drinking more/Losing weight/Gaining weight

Can your pet lie with the back legs extended behind like a frog? YES/ Never has/ Used to

Is your pet able to lie on his/her back? NO/ YES: with a good stretch/lies flexed

Where and what does your pet sleep on? Indoors/ Outdoors Soft/ Hard surface:

Please describe your pet's typical level of physical activity: _____

Has this changed recently? NO/ Increased/ Decreased:

What terrain does your pet access? Indoors/ Flat/ Hilly/ Bushland/ Pavement/ Roads/ Grass

What sort of flooring does she/he walk on at home? Carpet/ Tiles/ Floorboards/

What sort of restraint do you use on your pet? Crate/ Collar/ Check chain/ Harness/ Halter/

Describe his/her swimming style Never tried/ Hates swimming/ Frantic pace/ Relaxed style/ Prefers to wade

Regrettably, for insurance reasons we have to ask everyone if their pet has ever growled at, scratched, bitten or attempted to bite you or any person whilst in pain or being examined by a Vet? YES/ NO/ Muzzle