

Village Veterinary Hospital
Rehabilitation Department



Continued Care Form	
Client Information	Patient Information
Client Name	Patient Name

Current Goals	

Activities that still require assistance

- ☐ Walking ☐ Using Stairs ☐ Urinating/Defecating
- ☐ Getting up/Laying down ☐ Other _____

Daily activity and exercise

- ☐ Bathroom walks only ☐ Road walking ☐ Grass walking ☐ Trail walking
- ☐ Weight shifting ☐ Sit to stand ☐ Stretching ☐ Massage
- ☐ PROM ☐ Heat/Cold ☐ Other _____

Current Diet: _____ **Frequency:** _____

Treats: _____ **Frequency:** _____

Current Medication	Dose	Frequency
Gabapentin		
Meloxicam/Meloxidyl		
Rimadyl/Carprofen		
Methocarbomal		
Other		

Current Supplement	Brand	Dose	Frequency
Glucosamine Chondroitin			
Movoflex			
Fish Oil			
Other			

Comments

Are there any other issues you would like us to address?

Name: _____ Date: _____

Thank you for letting us care for your pet!