

Village Veterinary Hospital  
Rehabilitation Department



New Patient Intake Form	
Client Information	Patient Information
Client Name	Patient Name
Best Contact Number	Date of Birth
Referring Doctor & Hospital	<input type="checkbox"/> Male <input type="checkbox"/> Male Castrated <input type="checkbox"/> Female <input type="checkbox"/> Female Spayed

I have been informed that VVH will see my pet and me as a rehabilitation client only. I understand that my regular veterinary office is in charge of any previously prescribed medication, wellness exams, sick exams, vaccines, and any emergency needs that arise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Desired Therapy Goals	

**Activities requiring assistance (please describe)**

- ☐ Walking \_\_\_\_\_ ☐ Using Stairs \_\_\_\_\_
- ☐ Getting up/Laying down \_\_\_\_\_ ☐ Other \_\_\_\_\_
- ☐ Urination/Defecation positioning \_\_\_\_\_

**Daily activity and exercise**

- ☐ Walking      How often? \_\_\_\_\_      How long? \_\_\_\_\_
- ☐ Other \_\_\_\_\_      How often? \_\_\_\_\_      How long? \_\_\_\_\_

**Other Medical Conditions**

\_\_\_\_\_

Home Flooring (types of flooring your pet walks on regularly)				
<input type="checkbox"/> Carpet	<input type="checkbox"/> Tile/Hardwood	<input type="checkbox"/> Linoleum/Vinyl	<input type="checkbox"/> Stone	<input type="checkbox"/> Other
Is your pet slipping or having trouble getting up on slick surfaces?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your pet maneuver stairs on a regular basis?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, does he/she have any difficulty?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Current Diet:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Treats:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

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

Current Supplement	Brand	Dose	Frequency
Glucosamine Chondroitin			
Movoflex			
Fish Oil			
Other			

### **Comments**

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

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Prepare for the Visit (When possible, the following will help us provide a more accurate diagnosis and effective treatment plan)
<input type="checkbox"/> Record video of behavior/movement changes
<input type="checkbox"/> Make sure the referring doctor has sent previous medical records

Thanks! We look forward to working with you and your pet!

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