

Sierra Ranch Pet Rehab

Rehabilitation Questionnaire

Patient Name: _____ Date: _____

Regular Veterinary Office: _____ Doctor Name: _____

Current Medications:

Name: _____ How often given: _____

Name: _____ How often given: _____

Name: _____ How often given: _____

Name: _____ How often given: _____

Current Supplements:

Name: _____ How often given: _____

Name: _____ How often given: _____

Name: _____ How often given: _____

Name: _____ How often given: _____

Name: _____ How often given: _____

1. Experienced an increase or decrease in weight? Increase Decrease Same

2. Experienced an increase or decrease in endurance? Increase Decrease Same

3. Have you noticed a change in your pet's temperament/ attitude? Yes No

Please elaborate if yes:

4. What does your pet like to do for fun?

5. Able to go on a walk? Yes No How long? _____ minutes How far? _____ miles

 Could your pet walk longer? Yes No

6. What exercises are you doing at home with your pet other than walking?

7. Do you notice any problems (limping, stiffness) or are the problems worse after taking a walk? Yes No

8. Does your pet tire quickly, have to make rest stops, or lag behind during walks? Yes No

9. Does your pet seem to be in pain? Yes No

What makes you think this?

Please complete the questions on this form pertaining to pet's functional abilities to help us monitor its progress.

- 1 = not able to perform this activity (needs assistance 100% of the time)
- 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 activity (no assistance needed)
- 5 = N/A

please circle an option for each question

1. Able to position itself to urinate?	1	2	3	4	5
2. Able to position itself to defecate?	1	2	3	4	5
3. Able to transfer from lying to sitting and visa versa?	1	2	3	4	5
4. Able to transfer from sitting to standing and visa versa?	1	2	3	4	5
5. Able to stand?	1	2	3	4	5
6. Able to roll over?	1	2	3	4	5
7. Able to scratch behind its ears?	1	2	3	4	5
8. Able to ascend stairs?	1	2	3	4	5
9. Able to descend stairs?	1	2	3	4	5
10. Able to walk up an incline/hill ?	1	2	3	4	5
11. Able to get in and out of your car?	1	2	3	4	5
12. Able to get on/off a couch or bed?	1	2	3	4	5
13. Able to run?	1	2	3	4	5
14. Able to jump?	1	2	3	4	5

What are your future goals & why did you seek rehab to reach these?
