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www.atlantaanimalrehabfitness.com

New Client Form

Date: _____ Patient Information (owner please fill in applicable information)

Your Name: _____

Pet's Name: _____ Age: _____ Gender: _____ Breed: _____

Home Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____

Phone for Confirmation/Follow-up: _____

Referred for: (diagnosis, if known) _____ Surgery: Yes/Date _____ No _____

Referring Practice/Veterinarian: _____ Dr. _____

Referring Vet Phone: _____

Primary Practice/Veterinarian (if different from referring vet): _____

Dr. _____ Phone: _____

Does your pet compete in sports? Yes ___ No ___ If yes, which one? _____

Is your pet a working dog? Yes ___ No ___ If yes, what is his job? _____

History of biting? Yes ___ No ___ If yes, what provokes it? _____

Other medical history: _____

Medications (if known): _____

What kind of food does your dog eat? _____

How much/day: 1/2 cup 1 cup 1 1/2 cup 2 cups 2 1/2 cups 3 cups 3 1/2 cups 4 cups

Goals for pet: (i.e., able to walk up stairs, return to agility competitions, walk on all fours)

Additional information: (include observations of changes in your pet, such as changes in eating, bowel/bladder habits, mobility, signs of discomfort, etc.)