

VCA Animal Care Center of *Sonoma County*

Rehabilitation and Acupuncture Intake Form

Name: _____

Pet's Name: _____

Date: _____

Reason for your visit: _____

Medical History: (please include current illnesses/diseases)

Has your dog/cat had any treatments for the condition you are seeking rehabilitation/acupuncture services: If Yes please explain

Medications and Supplements (Dose and Frequency):

Diet:

Allergies (including food, medications):

Please Circle Yes or No.

Able to posture to urinate? Yes or No

Able to posture to defecate? Yes or No

Able to ascend stairs? Yes or No

Able to descend stairs? Yes or No

Able to walk up an incline / hill? Yes or No

Able to walk down an incline/hill? Yes or No

Able to get in and out of the car/truck? Yes or No

Able to get on and off of a couch/bed? Yes or No

Able to run? Yes or No

Able to jump? Yes or No

Able to play? Yes or No

Is your dog able to go on a walk? Yes or No
How long? _____ Minutes _____ Miles

Does anything prevent him / her from taking longer walks? Yes or No
Please explain:

Does your dog/cat have problems with limping, stiffness, dragging toes, difficulty rising? Yes
or No
Please explain:

Does your dog/cat seem to be in pain? Yes or No

What signs does your dog or cat show or what does your dog or cat no longer do?

Are there any other problems that you would like to mention?

What are your goals and expectations?
