



New Patient Intake Form

Thank you for choosing Puddle Paws Hydrotherapy for your dog's rehabilitation therapy. Please fill out the form and email it to us or bring it to your intake session.

Info@puddlepawshydrotherapy.com

Owner Information
Name:
Phone #:
Referring Vet:
Vet Phone #:

Pet Information			
Dog's Name:			
Breed:			
Date of Birth:			
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed

Desired Therapy Goals/ Outcomes

Activities Requiring Assistance (Please describe as much as possible)	
<input type="checkbox"/> Walking <input type="checkbox"/> Getting Up <input type="checkbox"/> Getting into car <input type="checkbox"/> Urination/Defecation positioning <input type="checkbox"/> Other _____	Describe:

Current Daily Activities (frequency & length of walks, etc)
Describe:

Home Flooring (types of flooring your pets walk 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, do they have any difficulty?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Motivators (Please include favorite snacks and toys)

Snacks	Toys	Other

Other Medical Conditions

Past or present

Describe:

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Prepare for the Visit (When possible, the following will help us provide a more effective treatment plan)

Record video of behaviour/movement changes.

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