



New Patient Information Form

Please **print and complete** this form and bring with you to your first appointment, or **email** the completed form to admin@dogsinmotion.com.au

Client Information (your details)

Title: Name:

Phone (home): Phone (work):

Phone (mobile): Email:

Address:

Patient Information (your pet's details)

Name: Age/ DOB:

Species (tick): Canine Feline Other (please specify):

Breed:

Sex (please tick): Male Female Desexed: Yes No

Consent To Treatment In Our Clinic

I authorise the physiotherapist on duty to examine the animal I have presented and administer any physiotherapy treatment required based on their assessment findings. I understand that the physiotherapist will discuss the assessment findings and recommended treatment with me before commencing treatment. I authorise the relevant therapist to provide hydrotherapy services for the animal I have presented should this be a recommended, and subsequently agreed upon, treatment.

Please note: You may be required to assist with the handling of your pet during therapy sessions. Please let the therapist know if you are not comfortable to assist holding your pet during assessment and treatment. Please be aware that Dogs in Motion will not be responsible if you are injured by your pet during assessment or treatment of your pet.

Signature of Pet Owner:

Print Name (Pet Owner):

Date:

Referral to our Clinic

Was your pet referred to our clinic? Yes No

If yes, who referred your pet?



Vet Information

Regular Vet Clinic:

Name of Regular Vet:

If the Referring Vet is not your pet's Regular Vet, please fill out the details below:

Referring Vet Clinic:

Name of Referring Vet:

Pet Insurance

Do you have pet insurance for your pet? Yes No

If so, which insurance company is your policy with?

Your Pet's Current Problem

1) What is the main problem you are bringing your pet to see us for?

2) When did this start?

3) How has your pet been since the issue started? Please tick: Same Worse Better

Please describe:

4) Is there anything that makes your pet's problem worse? Please tick: Yes No

If yes, please describe:

5) Has your pet had other treatment for this problem? Please tick: Yes No

If yes, please describe:

6) Is your pet currently on any medication? Please tick: Yes No

If yes, please list:



7) Is your pet currently having any supplements? Please tick: Yes No

If yes, please list:

8) Please describe your pet's diet (what you feed them):

Your Pet's Current Mobility (what your pet can do since this problem started)

1) Is your pet currently being confined?

Please describe:

2) Do you have stairs at home and is your pet using these at present?

Please describe:

3) What type of floor covering do you have in the area your pet resides and how do they manage on this surface?

Please describe:

4) Is your pet currently going on any leash walks and if so, how often and for how long?

Please describe:

5) Is your pet having any accidents with bladder or bowel since this problem has occurred or any difficulty holding the position to toilet?

Please describe:

6) Does your pet currently get on the furniture and do they need assistance to do so?

Please describe:

7) What type of bedding does your pet sleep on?

Please describe:

Your Pet's Previous Exercise (what your pet did before this problem started)

1) What was your pet's regular exercise routine? e.g. on and off leash exercise, ball, sport

Please describe how many days per week and approximate time during each activity:

2) Where was your pet kept if **nobody was home**? Did they have access to stairs, furniture and were they kept with other pets?

Please describe:

3) Where was your pet kept when **you were home**? Did they have access to stairs, furniture and were they kept with other pets?

Please describe:

Your Pet's Past Medical History

1) Has your pet had any other injuries, surgeries or conditions affecting their mobility?

Please describe:

2) Is there any other additional information you think we need to know to help us care for



your pet?

Please describe:

Goals

What are the goals you have for your pet? What would you like us to help you most with?

Please describe:

Sign Up!

Are you interested in receiving our weekly blog post about health and rehabilitation tips for dogs and our monthly newsletter?

(We will not share your details with any third parties or send you spam)

Yes please No thanks

Thank you for taking the time to complete this form.

Please remember to bring it with you to your first appointment, or scan and email back to us at admin@dogsinmotion.com.au