

Pine Woods Animal Hospital

(716) 695-7836

Hospital and Wellness Center
570 East Robinson Street
North Tonawanda NY, 14120

Surgery and Rehabilitation Center
66 Mead Street
North Tonawanda NY, 14120

INITIAL COMPREHENSIVE HISTORY

Date: _____

Owner's Name: _____ Pet's Name: _____ Age: _____

Phone: _____ Breed: _____ Sex: _____

Address: _____

E-mail/other: _____

How did you hear about us? _____

Veterinarian(s): _____

Diagnosis/Problem: _____

PART I: MEDICAL HISTORY

General Medical History:

1. Is your dog taking any medications, vitamins, or supplements? If so:

	PRODUCT	PURPOSE
a)	_____	_____
b)	_____	_____
c)	_____	_____

2. Please list any surgeries, illnesses, or medical problems and the approximate dates:

a) _____
b) _____
c) _____

3. Are your dog's immunizations/vaccines current: Yes____ No____
If using titers, are these current: Yes____ No____

Current Health Problem(s):

1. Describe the problem(s) concerning your animal companion: _____

 2. When did this begin? _____
 3. How did it happen? _____
 4. Did you witness the accident/incident? _____
 5. Are there any associated symptoms or problems? _____ If yes, please describe; please include when these began. _____
 6. Does your dog limp? _____ If yes, which limb(s)? _____
Please grade the limp 1-5. (1 = low/minimal limp; 5 = non-weight bearing) Score: _____
Is there any new play or activity that might have contributed to the problem or that aggravates the problem?

 7. Has there been any change in your dog's sleep pattern? _____
 8. Has your dog been recently evaluated by a veterinarian for this problem? _____ If yes, please describe the findings and treatment. _____
 9. Has your pet experienced this or a similar problem in the past? _____ If yes, how was the problem treated? _____
 10. Is your veterinarian aware you are seeking a rehabilitation evaluation and treatment program? _____
 11. Has your dog been evaluated or treated by any other practitioners or friends? _____
 12. Have any other treatments or interventions been helpful to improve and ease the problem or associated symptoms? _____
 13. What aggravates the problem? _____
 14. Is the problem improved or worsened with exercise? _____
 15. Can you tell if your dog is in pain? _____ If yes, describe how the pain is manifested in your dog.

- If your dog has pain please score the pain 1-10. (1 = mild, 10 = severe) Score: _____

16. Does the dog lay on the affected side? Yes_____ No_____
17. Does your dog need help with positioning or getting up from lie to stand? _____ Explain: _____

18. Indicate any gait changes, including such issues as: Clumsiness_____ Limping _____
Difficulty turning _____ Inability to walk on slippery surfaces _____ Scissoring gait/crossover _____
Falling when turning quickly _____ Other _____
19. Has there been an increase in any of the following? Licking_____ Chewing _____ Whining _____
Sluggishness _____ Restlessness _____ Flinching _____ Trembling _____
Stumbling (esp. w/fatigue) _____ Other _____
20. Is this problem worse in the: Morning _____ Evening _____ Night _____
21. Are there changes in eating habits? _____ Are the food bowls elevated? _____
What food do you feed? _____ Quantity? _____
Do you feel that your dog is a good weight? _____ Does your dog stand to eat? _____
22. Has your dog experienced any emotional changes as a result of this problem? Yes_____ No_____
If yes, please describe: _____

23. Are there changes in bowel or bladder habits, such as, difficulty squatting, lifting leg, or incontinence?
If yes, please describe: _____
24. How does your dog get in and out of the car? _____
Do you use a dog ramp for furniture or in/out of the car? Yes_____ No_____
25. What kind of bedding does your dog sleep on? _____
26. Is your dog right or left "handed" (pawed!)? Which paw does digging, scratching at the door or pawing
begin with: Right _____ Left _____ Unknown _____
When running which foreleg most often leads off? Right _____ Left _____ Unknown _____
27. Is stair climbing or descending a problem? Yes_____ No_____ If yes, please describe: _____

- How many stairs must be negotiated? In the house _____ Outside _____
What materials are the stairs made of or covered with? _____
Do you have "doggie gates" at the top and/or bottom of stairs? Yes_____ No_____
28. What type of flooring do you have in the areas the dog walks? _____
Are there throw rugs? Yes_____ No_____ Are the rugs secured? Yes_____ No_____

PART II: SOCIAL HISTORY

1. Please list other dogs and/or other animals that live with you: _____
2. Describe the interaction of this dog with the other animals: _____

3. How many people live at your residence? _____ Who will provide the home rehab program? _____
4. Do you have young children that interact with your dog? Yes _____ No _____ If so, please list their ages and describe the interaction: _____

5. What is your animal's personality? Eager to please _____ Afraid of strangers _____ Active _____ Nervous/temperamental _____ Lethargic _____ Aloof _____ Shy _____ Other _____
6. Please circle any of the following that you and your dog do together. Companion Agility Flyball Working dog Obedience trails Field trails Hunting coursing Tracking Therapy Other _____
7. Have there been any recent changes in your daily routine/activities, such as, a recent move, new animals, or new people in your household? If yes, please describe: _____

PART III: HABITS

1. What are the common exercise habits/fun that you and your dog shared *prior* to the current problem? Swimming _____ Playing w/tennis balls _____ Daily walks (how far) _____ Weekend athlete _____ Other _____
2. Describe the current exercise regime: _____
3. Do you object to utilizing food treats as rewards during therapy sessions? _____ Does your dog have any food allergies or restrictions*? If yes, please describe: _____

*** If allergic/restricted please bring allowable treats to therapy sessions.**

4. Are there any behavioral idiosyncrasies? Please circle all that apply.
Separation anxiety Marking Biting/nipping when certain body parts are touched
Which parts are sensitive? (i.e. feet, tail, face, etc.) _____
Bolting through open doors Jumping up Fear or dislike of water
Grabbing food treats aggressively
Growling, snapping/biting at people when near: Food Treats Bones Toys
Growling at: People Other dogs

PART IV: QUALITY OF LIFE CONCERNS

1. Do you (person) have any physical limitations that need to be considered in forming the rehabilitation plan? (i.e. back, hip, or knee problems) _____

2. Currently, how would you describe the quality of life of your companion animal? (Circle One)
0 (very poor) 1 2 3 4 5 6 7 8 9 10 (excellent)

3. Please list your rehabilitation treatment goals for your animal companion: _____

4. What might happen if your dog can *not* meet these goals? _____

5. What is the most important issue which I can help you with today? _____

6. What has been the impact of your dog's illness/injury on you and your family? _____

Thank you for your cooperation in completing this information. Your assistance allows us to provide a comprehensive treatment plan, involves you in the care planning, and individualizes the care for the unique needs of your animal companion.

Signature _____

Printed name, Degree Letters, if any and Title, eg. *Certified Canine Rehabilitation Therapist*