



Canine Rehabilitation

OF ORANGE COUNTY

20332 Riverside Dr, Newport Beach, CA 92660
Phone: (949) 444-2451 Fax: (949) 209-4246
www.caninerehaboc.com

General Client & Pet Info

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about us?: _____

Emergency Contact: _____

Emergency Phone: _____

Veterinary Hospital: _____

Veterinarian's Name: _____ Phone: _____

Pet Name: _____ Breed: _____

Pet Color: _____ Weight: _____ DOB: _____

Please circle one: Male / Female / Male Neutered / Female Spayed

Please list any food allergies: _____

Current Diet: _____

How often fed: _____ Amount fed per meal: _____

What/how many treats given per day: _____

Problem for which you are seeking rehabilitation:

If surgery has been performed on your pet, what was the procedure and when was it done?:

Current Prescription Medications: (please include dosage, amount and frequency given.)

Current supplements and non-prescription medications: (Please include dosage, amount and frequency given)

Other current and previous health problems, including lameness, surgeries, heart or respiratory issues or any other conditions:

Is your pet a working or service dog? Please describe:

Is your pet a performance animal? Does your pet compete? Please describe:

What are your goals for your pet?:

Anything else we should know about your pet?:

Signature: _____ Date: _____