

Pittsburgh Veterinary Specialty & Emergency Center
807 Camp Horne Rd.
Pittsburgh, PA 15237

Phone: 412-366-3400 Fax: 412-366-3489

Physical Therapy Intake Form

Pet's Name _____

Breed _____

Date of Birth/Age _____

Owner's Name _____

Address/Phone Number _____

Referring Veterinarian _____

Address/Phone Number _____

Current Medications _____

Please list any current or past medical problems, injuries, or surgeries your pet has had and the approximate dates

Does your pet have any allergies or dietary restrictions? _____

Reason for attending physical therapy _____

Date of injury or approximate date that current problem started _____

What activities is your pet involved in? _____

What is your dog's normal activity level (very active in sports, couch potato)?

Has your pet's behavior, mood, activity level changed recently? _____

Has your dog ever shown aggression towards other dogs, people, or with food?

What is your goal for your dog with rehabilitation? _____

Please add any other information that you think would be helpful for the therapist to know
