

**K9 Rehab Wellness Centre**

3831 Still Creek Ave Burnaby BC V5C 4E2

(604) 435-0002 | [info@k9rehab.ca](mailto:info@k9rehab.ca) | [www.k9rehab.ca](http://www.k9rehab.ca)

Date of first visit: \_\_\_\_\_

Hydrotherapist: \_\_\_\_\_

**1 – CANINE INFORMATION**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate (approx.) \_\_\_\_\_

Breed: \_\_\_\_\_

- intact male                       intact female
- neutered male                       spayed female

My dog would prefer the following treat:

- grain-free pumpkin
- freeze-dried/dehydrated beef liver
- freeze-dried chicken breast
- sardines
- only the treats I bring from home
- my dog is not food motivated

Vaccinations/Titer up to date?  Yes  No  
 although swim sessions are private, we have many dogs come through our facility daily. Keeping vaccinations up to date is for your own dog's protection

What is your dog's relationship with water?  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for visiting?

- pre surgical conditioning     arthritis
- post surgical conditioning     hip/elbow dysplasia
- patella luxation                       muscle building
- weight management               senior maintenance
- ease of inflammation               fitness
- learn to swim                       optimal health
- just for fun                               confidence building
- other: \_\_\_\_\_

Did your Vet recommend hydrotherapy?

- Yes                       No

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**2 – OTHER THERAPIES**

- physiotherapy     functional land exercises
- chiropractic     underwater treadmill
- massage               HTA
- energy work     reiki
- aromatherapy

**3 – MEDICATIONS**

Name:	Dose/How often?
Gabapentin	_____
Tramadol	_____
Meloxicam/Metacam	_____
Cartrophen	_____
Other: _____	_____
Other: _____	_____

**4 – SUPPLEMENTS**

Name:	Dose/How often?
Glucosamine	_____
MSM	_____
Fish oil/Omega-3's	_____
Antioxidants	_____
Probiotics	_____
Other: _____	_____
Other: _____	_____

**5 – PRIOR SURGERIES**

Type:	Date:
TPLO	_____
TTA	_____
Extracapsular Repair	_____
Femoral Head Ostectomy	_____
Limb Amputation	_____
Other: _____	_____
Other: _____	_____

**FOR INTERNAL USE ONLY:**

Proprioception/knuckle test return  
 immediate     delayed     lacking

Involved area(s)  
 (R) F     (L) F     (R) R     (L) R  
 hips     stifle     spine     shoulder  
 other: \_\_\_\_\_

Life jacket size: \_\_\_\_\_

Harness size: \_\_\_\_\_

Entry to pool:	Rinsing station:
<input type="checkbox"/> pick-up	<input type="checkbox"/> rinse
<input type="checkbox"/> ramp	<input type="checkbox"/> no rinse

special instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

