

K9 Rehab Wellness Centre

3831 Still Creek Ave Burnaby BC V5C 4E2

(604) 435-0002 | info@k9rehab.ca | www.k9rehab.ca

CLIENT INFORMATION

1 – PRIMARY CONTACT DETAILS

First Name: _____ Last Name: _____

Phone number: _____

E-mail address: _____

Home address: _____

2 – SECONDARY (SPOUSE OR OTHER) CONTACT DETAILS

First Name: _____ Last Name: _____

Phone number: _____

E-mail address: _____

Home address: _____

3 – VETERINARIAN INFORMATION

Regular Clinic: _____ Veterinarian: _____

Secondary Clinic: _____ Veterinarian: _____

Orthopedic Clinic: _____ Veterinarian: _____

4 – ADDITIONAL CANINE INFORMATION

Does your dog have any problems with bowel/bladder control?

No Yes, please explain: _____

What type of food do you feed your dog?

Dry – Brand: _____ Wet – Brand: _____ Raw – Brand: _____

Other: _____ Other: _____

What type of exercise does your dog receive? _____

Does your dog enjoy swimming after toys?

No Yes: _____

Does your dog enjoy being held and massaged?

No Yes: _____

Does your dog bite?

No Yes, please explain: _____

5 – Please describe any emotional components of your dog that you would like us to be aware of so that we can better honor his/her boundaries and help to be as comfortable and confident as possible during our sessions together

