

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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_