



Patient Name:

Client Name:

**Sports Medicine & Rehabilitation Service  
Canine Functional Questionnaire**

Please list any veterinarians or care team members with whom you would like records from today's visit shared:

What is the reason for today's visit?

Please list any past surgeries or major medical problems:

What is your pet's current activity level?

Walks (duration and/or distance, frequency):

Off-leash play time (duration/distance, with other dogs, etc.):

Sport specific training or events:

Does your pet participate in canine sports (agility, obedience, flyball, field trials, etc.)?

**Yes**

**No**

If yes, please describe (type of sport, training frequency, competition frequency):

If your pet is currently on activity restriction, what was your pet's activity level prior to surgery and/or injury?

Walks (duration and/or distance, frequency):

Off-leash play time (duration/distance, with other dogs, etc.):

Sport specific training or events:

Please list your pet's favorite activities (walks, chasing ball, chasing laser, playing at the dog park, etc.):



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Is your pet currently able to participate in the above activities?    **Yes**                      **No**

If yes, are there any limitations to your pet doing these activities (sore, limping, painful, stiff after)?

**Yes**                      **No**

If no, what are the main reasons your pet cannot participate in these activities?

What activities make your pet's symptoms worse?

What activities make your pet's symptoms better?

What is your primary goal in meeting with the Rehabilitation and Mobility Service today?

Do you think your pet is in pain?                      **Yes**                      **No**

If yes, please describe:

Please describe your pet's home environment (other pets, access to stairs, hardwood floors, etc)

Please list diet and treats given (include the name/brand, amount given, and how often):

What is your pet's favorite treat?



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Does your pet have any food allergies or sensitivities?

**Yes**

**No**

If so, please describe:

Please list any oral or topical supplements or herbal remedies that are given (include name/brand, dose, and frequency):

Please list all medications (include the name, dosage, and frequency):

Do we have permission to offer your pet peanut butter?

**Yes**

**No**

In the event that your pet needs to be dropped off and spend the day with us for therapy or diagnostics, Does your pet tolerate being in a cage or run?

**Yes**

**No**

Some of our treatments require direct skin contact. Do we have permission to clip/shave your pet's fur?

**Yes**

**No**

**Client Signature**

**Date**