



Burlington Veterinary Specialists Inc.

~ Physical Rehabilitation Services ~

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CLIENT QUESTIONNAIRE

Date: _____

CLIENT INFORMATION

Name: _____ Spouse/Other: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____
Species: _____ Sex: _____ Spayed/Neutered: Y / N
Breed: _____ Color: _____
Primary Veterinarian / Hospital: _____
Surgeon: _____

MEDICAL HISTORY

Primary Concern / Problem: _____

Date of Injury / Surgery: _____

Previous Activity Level: _____

History of Present Condition: _____

Treatments since Condition Began: _____

Current Medications / Supplements / Special Diet: _____

Your Goals: _____

PLEASE PRINT THIS FORM, FILL IT OUT, AND BRING IT WITH YOU AT THE TIME OF YOUR APPOINTMENT