



# Arizona Veterinary Physical Rehabilitation

19313 N. 73<sup>rd</sup> Lane, Glendale, AZ 85308  
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## CLIENT INFORMATION

Pet Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Cell Work

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Others Who May Bring Pet in: \_\_\_\_\_

Relationship to You (circle): Co-Parent Spouse Family Friend

How did you hear about us?

- Friend \*Whom May we Thank? \_\_\_\_\_
- Veterinarian
- Internet
- Other \_\_\_\_\_

## PET INFORMATION

Pet's Name: \_\_\_\_\_ Age (DOB): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Gender(circle): male/female spayed/neutered Approx. weight: \_\_\_\_\_

Veterinarian/Hospital: \_\_\_\_\_ Vet's phone: \_\_\_\_\_

Vaccination dates: Rabies given : \_\_\_\_\_ Distemper/Parvo given : \_\_\_\_\_

Please check any/all that apply to your pet and provide additional information below:

- Asthma/Chronic Cough  Arthritis  Seizures  Diabetes  Heart condition  Cancer  Neck/back pain
- High blood pressure  Allergies  Decreased hearing  Kidney disease  Liver disease  Senility/Dementia

List Known or Suspected Allergies: \_\_\_\_\_

Past Medical/Surgical History: \_\_\_\_\_

Current Medications (Include Supplements, Vitamins, Parasite Control or Over the Counter Products):

Describe Current Health Problem: \_\_\_\_\_