



PAWS Rehab
1800 NE 25th Ave., Suite 17
Hillsboro, OR 97124
Phone 503-640-4007 Fax 503-640-4045

Client Information

Owner's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Emergency Contact _____ Phone _____

Dog's Name _____ Breed _____ Age _____

Sex _____ Neutered/Spayed? _____

Regular Veterinarian _____

Phone _____ Fax _____

Specialist Veterinarian _____

Phone _____ Fax _____

Other _____

Phone _____ Fax _____

Is your dog currently vaccinated for the following:

Rabies Distemper Parvo Corona Parainfluenza Hepatitis Leptospirosis

Bordetella Lyme's Disease Giardia Flu

Were you referred by your vet/surgeon? Yes/No (If yes, why?)

Has your dog had a recent injury? Yes/No (If yes, please describe below)

Has your dog had recent surgery? Yes/No When? _____ By Whom? _____
Please describe:

Please describe and list the dates of any other past injuries and surgeries:

May we exchange information about your dog with your veterinarian(s)

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

Is your dog on medication? Yes/No If yes, what medications?

Does your dog enjoy swimming? Yes/No

What type of exercise does your dog regularly get?

Has your dog every shown any aggression towards people or other dogs? Yes/No if yes, please describe.

Are you interested in assisted-swims, self-swims, underwater treadmill, dock diving, therapeutic exercise?

Is there any other information you would like us to know about your dog?

How did you hear about PAWS Rehab?

Veterinarian _____ Pet Shop _____ Trainer _____ Internet Search _____ Friend/Relative _____
Other _____