

# Rehabilitation Recheck Questionnaire

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1. Owner name: \_\_\_\_\_

2. Pet name: \_\_\_\_\_

3. What abnormal signs are you currently seeing at home (mark all that apply)?

- Difficulty walking around your home
- Difficulty sitting/lying down
- Difficulty getting up
- Difficulty going outside for leashed walks
- Difficulty squatting/lifting a leg to urinate/defecate
- Difficulty playing with toys and/or other pets
- Difficulty running
- Limping for a few minutes
- Limping for one or more days
- Weakness
- Quality of life is affected
- Other: \_\_\_\_\_

4. Do you feel your pet is in pain? Yes / No . If yes, on a scale from 0 to 10 (1 being very mild pain, and 10 being very severe pain), where do you think your pets pain level is at:

- On AVERAGE? \_\_\_\_\_
- At its WORST? \_\_\_\_\_
- At its BEST? \_\_\_\_\_
- Right NOW? \_\_\_\_\_

- What signs are you seeing that make you concerned your pet is in pain (i.e. yelping, limping, not eating well, avoiding certain movements, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

5. What activities is your pet CURRENTLY able to do (mark all that apply)?

- Freely roam in your home
- Leashed potty breaks outside
- Leashed walks outside
- Climb up/down furniture
- Climb up/down stairs
- Play with toys and/or other pets
- Off-leash play outside
- Crate confined at night
- Crate confined when unsupervised
- Crate confined majority of the day

6. How frequent and how long are the following activities CURRENTLY done?

- a. Leashed walks outside \_\_\_\_\_
- b. Play with toys and/or other pets \_\_\_\_\_
- c. Off-leash play outside \_\_\_\_\_
- d. Competitions (agility, etc.), work, and/or activities (hiking, etc.) \_\_\_\_\_  
\_\_\_\_\_

7. Since starting therapy, has the injury/issue improved, worsened, or remained the same in severity? \_\_\_\_\_

8. If you would like to continue with therapy at our facility, what are your new goals for your pet? \_\_\_\_\_

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