



900 Holcomb Bridge Road | Roswell, GA 30076  
P: 770-594-2688 F: 770-649-5647  
[www.atlantaanimalrehab.com](http://www.atlantaanimalrehab.com)

## New Client Form

Date: \_\_\_\_\_ Patient Information (owner please fill in applicable information)

Your Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Breed: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Phone for Confirmation/Follow-up: \_\_\_\_\_

Referred for: (diagnosis, if known) \_\_\_\_\_ Surgery: Yes/Date \_\_\_\_\_ No \_\_\_\_\_

Referring Practice/Veterinarian: \_\_\_\_\_ Dr. \_\_\_\_\_

Referring Vet Phone: \_\_\_\_\_

Primary Practice/Veterinarian (if different from referring vet): \_\_\_\_\_

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Does your pet compete in sports? Yes \_\_\_ No \_\_\_ If yes, which one? \_\_\_\_\_

Is your pet a working dog? Yes \_\_\_ No \_\_\_ If yes, what is his job? \_\_\_\_\_

History of biting? Yes \_\_\_ No \_\_\_ If yes, what provokes it? \_\_\_\_\_

Other medical history: \_\_\_\_\_

Medications (if known): \_\_\_\_\_

What kind of food does your dog eat? \_\_\_\_\_

How much/day: 1/2 cup 1 cup 1 1/2 cup 2 cups 2 1/2 cups 3 cups 3 1/2 cups 4 cups

Goals for pet: (i.e., able to walk up stairs, return to agility competitions, walk on all fours)

Additional information: (include observations of changes in your pet, such as changes in eating, bowel/bladder habits, mobility, signs of discomfort, etc.)