



DALIA'S
DOGGIE

REHAB, LLC



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Subjective Assessment Form

How would you describe your dog's main problem? _____

Is this problem a result of trauma? _____

Is the problem constant? _____ If not when does it occur most? _____

What is the main improvement that you would like therapy to make? _____

Please summarize your dog's medical history: _____

What medication is your dog on? _____

Have you noticed any of the following?

• Change in bladder or bowel function (eg-more frequent/used to cock but now squats, etc) _____

• Changes in sitting position (eg-used to sit symmetrically but now sits to left or right) _____

• Changes in lying position _____

• Changes in tail carriage _____

• Changes in appetite or weight loss/gain _____

• Unusual chewing of arms or legs _____

Please describe your dog's diet: _____

What is your dog's approximate weight? _____

Would you describe you dog as underweight, a healthy weight or overweight? _____

Is your dog able to lie with his/her legs out "froggy"? _____

Is your dog able to lie on his/her back? _____

Where and what does your dog sleep on? _____

Describe your dog's usual level of physical activity? _____

Has this changed recently? _____ If so - How? _____

What sort of terrain does your dog access? _____

Do you use a collar, check chain, harness or halter on your dog? _____

Please describe your dog's swimming style (Frantic small circles, or 100m, relaxed laps etc) _____