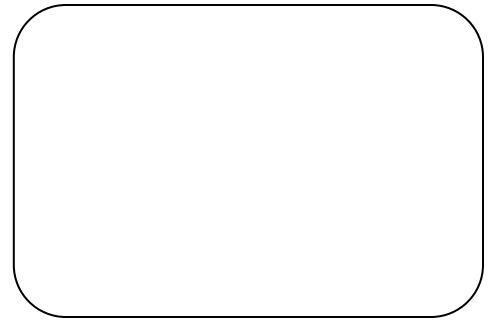


**Gulf Coast Animal Rehabilitation & Fitness
Owner Assessment—Post Surgical**



Pet's Name: _____

Nickname(s): _____

Other Medical Conditions/Injuries (include dates if condition or injury was in the past):

-
- 1) When did your pet's injury occur? How?

 - 2) Has your pet seemed painful in the last week? When?

 - 3) What commands does your pet follow (i.e. Sit? Heel?)? What is the word you use for "treats"?

 - 4) Does your pet have any food allergies? May she/he receive Science Diet treats during the therapy session? (If not, please bring appropriate treats for your pet.)

 - 5) What is your pet's favorite motivator? (Ball? Treats? Petting?)

 - 6) How many caregivers for your pet are in the home?

 - 7) What specific goals do you have for your pet's recovery? (Examples: (1) Climb 4 stairs into home without assistance, (2) Resume jogging 3 miles with me, (3) Regain strength to play with children, (4) Return to hunting.)