



# Mountain Dog Rehab, LLC

Mary Mischke, PT, DPT  
Board-Certified Clinical Specialist in Orthopedic Physical Therapy  
Certified Canine Rehabilitation Therapist

[mountaindogrehab@gmail.com](mailto:mountaindogrehab@gmail.com)

Phone: 517-410-4285

## Canine Patient Intake Form

Date: \_\_\_\_\_ Pets's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Veterinarian Practice Location: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medical History:

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications/Vitamins: \_\_\_\_\_

Is there any reason why your dog should NOT partake in Cardiovascular exercises?

\_\_\_\_\_  
\_\_\_\_\_

Anything else we should know about your Pet?

\_\_\_\_\_  
\_\_\_\_\_

Are vaccinations current? Yes: \_\_\_ No: \_\_\_

If NO—when are they scheduled? \_\_\_\_\_

What are your goals for Canine Rehab?

\_\_\_\_\_  
\_\_\_\_\_