



Rocky's Retreat Health and Fitness Center General Intake Form

The safety and well-being of your dog is our Number One priority

Date: ____/____/____

CLIENT INFORMATION

Owner/Guardian _____

Mailing Address _____

City _____ State ____ Zip _____

Home Phone _____ Work _____ Cell Phone _____

Email Address _____

How long have you had your dog? _____

Where did you get your dog? Breeder Shelter Other (describe) _____

Number of people (including children) in your household? _____ Number of other dogs? _____

How did you hear about us? _____

CANINE INFORMATION

Name: _____ Breed: _____ Age: _____ Sex: M F

Color/Markings: _____ Weight: _____ Housebroken? Yes No

Date of Birth: ____/____/____ Spayed/Neutered? Yes No Date of Spay/Neuter _____
mm day year

MEDICAL INFORMATION/HISTORY

Vet Type	Provider Name	Telephone Number
Primary Vet		
Orthopedic Vet		
Chiropractor		
Acupuncturist		
Other		

Can Rocky's Retreat contact any of the health providers listed above, should we have further questions regarding his/her participation in any of our programs? Yes No

What is the current overall health of your dog? Excellent Good Fair Poor

What is your reason for coming to Rocky's Retreat? _____

Were you referred by a healthcare Provider? **Yes** **No** If yes, by whom and for what reason?

Please list any medications and/or supplements you currently give your dog including flea/tick and heartworm preventatives.

Medication/Supplement	How Often	Reason

Health History – Past & Present (please include medical problems and physical ailments if applicable)

Has your dog had recent surgery and/or injuries? **Yes** **No** If yes, date: ____/____/____

If yes, please describe: _____

Please describe and list the dates of any other past injuries and surgeries (do not include spay/neuter procedures).

Type of Surgery/Injury	Date of Surgery/Injury

Does your dog have problems with bowel and/or bladder control? **Yes** **No** If yes, please describe.

Does your dog have any allergies? **Yes** **No** If yes, please describe. _____

Does your dog have any sensitive areas on his/her body? **Yes** **No** If yes, please describe.

VACCINATION / MEDICAL PREVENTION HISTORY

Please tell us your beliefs about vaccinations? _____

Vaccination History

Rabies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date: ____/____/____
Parvo / Distemper	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date: ____/____/____
Bordatella	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date: ____/____/____
Canine Influenza	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date: ____/____/____

Test History

Heartworm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date: ____/____/____	Result: <input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Fecal exam	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date: ____/____/____	Result: <input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Other _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date: ____/____/____	Result: <input type="checkbox"/> Positive	<input type="checkbox"/> Negative

If any result is positive, please describe, including treatment. _____

Heartworm preventative medication: _____

Flea and tick control medication: _____

If topical, date of last application: ____/____/____

DOG'S BEHAVIOR AND PERSONALITY

Please describe your dog's basic personality and temperament. For example, is he/she outgoing, shy, etc.

Does your dog have any emotional or behavioral issues we should be aware of? **Yes** **No**

If yes, please describe so we can better understand your dog's boundaries and help him/her to be as comfortable and confident as possible during our sessions together.

Does your dog have problems/fears/dislikes with:

Other dogs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, explain _____
Strangers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, explain _____
Men	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, explain _____
Women	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, explain _____
Children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, explain _____
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, explain _____

Is your dog possessive / protective of you? **Yes** **No** If yes, explain behavior.

Please describe your dog's relationship with water. Is he/she fearful of water? Does he/she like baths? Does he/she enjoy swimming and what if anything makes it enjoyable for him/her?

DOG'S DIET AND EXERCISE PROTOCOL

Please describe your dog's diet (please include types of treats, how many, how often.

Activities? Please check all that apply.

- Agility Obedience Flyball Hunting Frisbee
 Field Trial Show Other _____

Working? Please check all that apply.

- Police Drug Search/Rescue Service _____ Other _____

What is your dog's feeding schedule? _____

Is your dog allowed to have treats? **Yes** **No** If yes, please list any restrictions due to allergies, etc.

What type of exercise does your dog get and how often? _____

ADDITIONAL INFORMATION

What are your goals for your dog as they pertain to services provided by Rocky's Retreat?

Is there any additional information you would like us to know?

NOTE: Always let us know of any health changes to your dog. Some conditions may limit the amount of exercise or exposure to warm water your dog should have. You should always discuss warm water exercise and massage with your vet if the health of your dog changes.

Would you like to be on our mailing list to receive news, specials, and upcoming events at Rocky's Retreat Canine Health and Fitness Center? **Yes** **No**