



Wizard of Paws Physical Rehabilitation for Animals, LLC

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Your name:

Dog's name:

Breed of dog:

Male or female:

Neutered or spayed:

Age:

Current weight:

Has weight changed in the past 6 month?:

Current activity with your dog:

Your goals for your dog:

History of injuries or problems with your dog:

Are you able to participate in physical activity with your dog?

How trained is your dog? On a scale of 1 to 10 – 10 being simple and 1 being virtually impossible!

Sitting

Staying for longer than 5 seconds

Downing

Walking backward

Walking on a leash

Walking side ways

Diet:

Supplements:

Treats:

What are your goals with this virtual consult?