

Lameness / Limping

Pet's Name _____ Date ____/____/____

Current Email _____ Cell Phone _____

Where is your pet lame? Right Rear Leg Left Rear Leg Right Front Leg Left Front Leg

When did you begin to notice this lameness? _____

Did this lameness have a Quick Onset Gradual Onset

Is your pet Weight Bearing Non Weight-Bearing on his/her injury?

Do you have any idea what may have caused this? _____

Has your pet been outside recently? Yes No

Is your pet off leash/free run while outside? Yes No
If yes, is the yard fenced? Yes No

Is your pet's lameness painful to the touch? Yes No

Is your pet slow to get up? Yes No

Is your pet urinating normally? Yes No

Is your pet defecating normally? Yes No

Have there been similar episodes of this nature in the past? Yes No Unsure
If yes, when? _____

What brand of food do you currently feed your pet? _____ Dry Canned

Has your pet ever received any pain / arthritis medications in the past? Yes No
If yes, what was the name of the drug? _____

Was it effective? Yes No

Did you notice any side effects? Yes No

Is your pet on any other medications? Yes No

If yes, please list _____

Is your pet eating? More Less Same Unsure

Is your pet drinking? More Less Same Unsure

Has your pet's weight changed? Increased Decreased Same Unsure