

PURDUE UNIVERSITY

VETERINARY TEACHING HOSPITAL
625 Harrison Street
West Lafayette, IN 47907
(765) 494-1107

Recheck History – Dog Orthopedic Surgery Service

Pet's Name: _____
Owner Name: _____
Date: _____

Patient Label

I. General Health (since your last visit)

Your dog's water consumption is	Normal	Increased	Decreased
Your dog's appetite is	Normal	Increased	Decreased
Your dog is breathing	Normally	With more difficulty	Decreased
Your dog is coughing	No	Yes If yes, how often: _____	
Your dog is sneezing	No	Yes If yes, how often: _____	
Your dog is vomiting	No	Yes	
Your dog is defecating	Normal	Increased (diarrhea)	Decreased (constipated)
Your dog is urinating	Normal	Increased	Decreased
Your dog's diet has changed	No	Yes If yes, what is the current diet? _____	
Your dog developed a new problem since last visit		No	Yes If yes, list Problem(s): _____

Has Your Dog Been Fasted?

No Yes If yes, when was the last meal given? _____

II. Medications your dog has received since last

Name of Drug	How much of this drug do/did you give?	How often do/did you give this drug?	Do you think the drug is/was beneficial?	Is your pet still receiving this drug?
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

II. Since start of Purdue University's treatment, has your dog's condition

improved
 steadily improving
 variable (comes and goes)
 stayed the same
 gotten worse
 don't know

III. Since your last visit, has your dog's condition

improved
 steadily improving
 variable (comes and goes)
 stayed the same
 gotten worse
 don't know

IV. Is your dog presently lame? Yes No

Which limb is affected? Left forelimb Right forelimb Left hind limb Right hind limb

Have other limbs been affected in the past? Left forelimb Right forelimb
 Left hind limb Right hind limb

How severe is the lameness? Weight-bearing Partial weight-bearing Non-weight-bearing

How often is your pet lame? All the time Once in a While Never

Does the lameness worsen with exercise? Yes Sometimes No

Does the lameness improve with exercise? Yes Sometimes No

Is the lameness worse on cold, damp days? Yes Sometimes No

Is the lameness worse after rest? Yes Sometimes No

V. Has your dog been crated or otherwise restricted? No Yes If yes, describe how: _____

VI. Your Dog's Activity and Mobility – Leave blank when not applicable.

Appetite Last Week	Mood Last Week	Vocalization (audible complaining)	"Happy dog" Posture	Daily Activities
very good	very alert	never	never	much
good	alert	rarely	rarely	decreasedslightly
neither good nor poor	neither alert nor indifferent	often	often	decreased same
poor	indifferent	very often	very often	slightly increased
very poor	very indifferent			much increased

Willingness to:

Play	Walk	Trot	Gallop	Jump
very willing	very willing	very willing	very willing	very willing
willing	willing	willing	willing	willing
reluctant	reluctant	reluctant	reluctant	reluctant
very reluctant	very reluctant	very reluctant	very reluctant	very reluctant
complete refusal	complete refusal	complete refusal	complete refusal	complete refusal

Ease with which dog can:

Lie Down	Get Up	Ascend Stairs	Descend Stairs	Posture to Urinate and Defecate
great ease	great ease	great ease	great ease	great ease
easily	easily	easily	easily	easily
neither easily nor with difficulty	neither easily nor with difficulty	neither easily nor with difficulty	neither easily nor with difficulty	neither easily nor with difficulty
difficulty	difficulty	difficulty	difficulty	difficulty
great difficulty	great difficulty	great difficulty	great difficulty	great difficulty
unable	unable	unable	unable	unable

	Never	Rarely	Sometimes	Often	Always
Problems with moving after long rest?					
Problems with moving after heavy exercise?					
Stiffness when rising in the morning?					
Stiffness at end of the day (after activities)?					
Pain when turning suddenly while walking?					
Lame when walking?					
Lame when trotting?					

Presenting Owner Name (Please Print)