

VETERINARY TEACHING HOSPITAL

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

Pet's Name:						
Owner Name:						
Date:						

Patient Label

Mobility History -- Cat

ı.	For what problem(s) are you bringing your cat in today?								
II.	When did the above problem(s) start?								
11.									
	Within last 7 days Within last month Within last 6 months Within last year Over a year ago								
III.	How did the problem(s) start? Trauma Don't know								
If trauma, describe:									
IV.	Did the problem(s) change over time? Yes (How?: Improved Deteriorated) No								
V. Is your cat presently lame? Yes No									
	Which limb(s) is(are) affected? ☐ Left forelimb ☐ Right forelimb ☐ Left hind limb ☐ Right hind								
	limb Have other limbs been affected in the past? If so, which ones?								
	☐ 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 Is the lameness worse on cold, damp days? Yes Sometimes No									
VI.	How many times have you seen your veterinarian for the above problem?								
	0 times 1 time 2 times 3 times More than 3 times								

VII.	What diagnostic(s) have been performed by your veterinarian for the above problem?								
	Radiographs	Ultrasound	СТ	MR	l				
	Other(blood work,	biopsy, etc)							
VIII.	Is or was your cat o	n any medication fo	or this problem?	Yes	No				
	If yes, please complete the following information:								
	Name	of Drug	How much do yo	_	give How often do you give this drug?		Do you think the drug is beneficial?		
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
IX.	Your Cat's <i>Activity o</i>	and Mohility							
ix.	Tour cat s Activity t	ina wiobinty			Frequently	Sometii	mas	Nover	
					rrequently	Someth	nes	Never	
My cat sleeps more and/or less active than previously.									
My cat is more reluctant to come and greet me or interact with me.									
My cat is less willing to jump up or down than previously.									
My cat is unable to jump as high as previously.									
My cat plays with other animals or toys less than previously.									
My cat has a poor coat and/or spends less time grooming.									
My cat has more accidents outside the litter box.									
My cat has difficulty getting in or out of the litter box.									
My cat shows signs of being stiff when he/she walks or runs.									
Overall my cat is less agile than previously.									
My cat has difficulty going up and down the stairs.									
My cat shows signs of lameness or limping.									
My cat is lame when walking.									
My cat is lame when running.									

Presenting Owner Name (Please Print)