

Pet's Name: _____

Owner Name: _____

Date: _____

Patient Label

Mobility History -- Dog

I. For what problem(s) are you bringing your dog in today?

II. When did the above problem(s) start?

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 dog 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 dog lame? All the time Once in a while Never No

Does the lameness worsen with exercise? Yes Sometimes No

Does the lameness improve with exercise? Yes Sometimes No

Is the lameness worse after rest? Yes Sometimes No

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 CT MRI

Other (blood work, biopsy, etc.) _____

VIII. Is or was your dog on any medication for this problem? Yes No

If yes, please complete the following information:

Name of Drug	How much do you give of this drug?	How often do you give this drug?	Do you think the drug is beneficial?	
			Yes	No

IX. Your Dog's Activity and Mobility

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

Willingness to:

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

Ease with which your dog can:

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