

Rehabilitation Questionnaire

Does your pet show signs of pain?

Pet name:			Breed:		
Last name:			Age:		
In general, how do	you rate your pet's Very Good	health?	☐ Fair	☐ Poor	
	seen a veterinarian l	-	- ·	ess or limping?	
On average, would Is completely unin Will show interest Is mostly interested	lead to changes in be digous any your pet: (atterested in its surrounding, but no longer comes to be digous in life and food, but rependencouraged, and not for ge in personality?	(choose one) ngs; sleeps all the greet you? eluctant to play?		d to read in a pet.	
Seeks more affect Reluctant to move Repetitively gets u	_	Has difficulty getting Shows trembling Shows circling	ng up from a ly	ing position	
Has your pet's app	oetite or thirst chang	ed?			
Does your pet have trouble in areas where it never us Cannot manage any steps without assistance Cannot manage a full flight of steps (only 2 to 4 steps alone) Manages a full flight of steps, but has difficulty Can only go upstairs without assistance Can only go downstairs without assistance			☐ Cannot jump onto the furniture without assistance		
Has your pet become Protects hurt body Doesnot put weigh Doesnot want to be	t on a limb	Hides Limps	hat apply) Other	ned/groomed	

	getting tired, limping, or stopping? nan 30 minutes/my pet doesnq get tire or sore not show signs until finished walking and rests for a while (ie: will stiffen up)
Did your pet's signs begin slowly or ☐ Slowly, over the course of a few months	<u> </u>
Has the joint pain suddenly gotten w ☐ Within the past few days ☐	Vorse? Within the past few weeks Not applicable
In the morning, are the affected area Yes No There i	s stiff for more than half an hour? s no morning stiffness
Has your pet had a joint/bone injury Yes (details:	• •
Which of the following methods do y (check all that apply)	ou use to manage your pet's pain, swelling, or stiffness?
Physical activity/exercise	☐ Nutritional supplements
☐ Weight management	☐ Physical rehabilitation/chiropractic/massage
Cold or heat treatment	☐ Medication
Laser	☐ None
Other:	
Which medication and/or joint supple	ements do you currently give your pet? (check all that apply)
	in:
_	
☐ Aspirin:	
☐ Glucosamine human medication (brand):
☐ Herbal supplement (brand):	
☐ Other:	
None	
Does your pet have any of the follow	ring conditions? (check all that apply)
☐ Kidney disease	Skin disease
Liver disease	Active infection
Lung disease	☐ Bladder problems
☐ Cardiovascular disease	☐ Other
Is there anything else we should kno	w about your pet?