



Orthopedic History Form

Client Name:

Dog's Name:

Today's Date:

Dog's Age:

Breed:

Spayed/Neutered: Y/N

Part 1: Presenting Complaint

What is the presenting complaint?

How long has this been going on?

Was there a history of trauma or inciting cause?

Has your dog ever had joint trauma or surgery?

Are symptoms/ mobility concerns getting better/ worse/ staying the same?

Have you noticed any of the following: **Check all that apply**

	Change in sleeping habits (sleeps more/ is restless/ cant get comfortable)
	Change in elimination habits (change in posture to urinate/defecate/ accidents in house)
	Change in behavior (more reclusive/ new aggression towards people or other dogs)
	Difficulty lying down
	Difficulty getting up
	Difficulty jumping UP (in the car/ on the bed/ on the couch)
	Difficulty going UP stairs
	Difficulty going DOWN stairs
	Change in tail position/ wagging (holds tail lower)
	Change in appetite (indicate if INCREASED or DECREASED)
	Vomiting
	Diarrhea
	Coughing, sneezing
	Straining to urinate or defecate
	Change in the sound of bark
	Gagging/ wheezing/ honking sounds
	Any new lumps or bumps that are growing quickly

Part 2: Activities of Daily Living

Does your dog go for a **walk** every day? Yes No How long? _____

Does your dog go to the **dog park**? Yes No How frequently? _____

Does your dog go to **day care**? Yes No How frequently? _____

Do you have **other dogs** at home? Yes No

Do you have **stairs** in your home? Yes No

Do you have **slick floors** (hard wood/tile/laminate) in your home? Yes No

Does your dog have access to a **fenced yard**? Yes No

Where does your dog sleep?

Any other daily or weekly activities your dog participates in?

Part 6: Diet and Nutrition

Please list all sources of calories that your dog receives. It is OK if they get treats or “people food,” please just let us know so we can take into account for nutritional recommendations.

Primary diet (indicate if kibble, canned, fresh cooked, freeze dried, raw):

How many times/ day do you feed?

Treats (estimated #/day):

Extras (estimated/ day):

Allergies to any food:

Part 7: Other Medical History

List all surgeries, including spay or neuter, and approximate date:

List any previous medical history including any hospitalization or treatments (examples: seizures, bladder infection, pancreatitis)

Part 8: Goals

What is your ideal level of exercise or activity for your dog? (Examples: able to play at the dog park without being sore, able to go for a walk without limping, able to hunt or participate in agility competitions)

Part 9: Realistic Expectations

We will customize a plan specific for YOU and YOUR DOG. To do so, we must set realistic goals and expectations. Please know that there are absolutely no right or wrong answers here, we just want to work with you to design a program that can be carried out and maintained long term.

Realistically, what concerns do you have for carrying out a home program that may include walks, exercises, diet, administering medications, change in routine? (Examples: time restrictions, other dog in house, young children, cost)

Describe any other goals or concerns regarding pain management and mobility that you would like to discuss.