

Angular Limb Deformity History Form – Initial Evaluation

Date: _____

Patient name: _____

Breed: _____ Age: _____ yrs Sex: M F NM FS

Pet owner's name: _____

Patient history (client's report): please check or fill out the following questions

1. On which limb is your pet lame? Left fore Right fore
2. Can your pet walk unassisted on the other 3 limbs? No Yes
3. Is there lameness on any other limb? No Yes Left hind Right hind Left fore Right fore
4. How many days ago did you see the lameness? _____
5. Severity of lameness at home? None Mild Moderate Severe Nonweight-bearing
6. When did the affected limb become twisted?

7. Was there an injury that preceded the twisting of the limb? No Yes Describe injury: _____
8. Is there any swelling of the affected limb? No Yes
9. Does your pet cry out in pain? No Yes If yes state when and how often:

10. Does your pet's wrist (carpus) buckle over on the affected limb when walking? No Yes
11. Is the affected limb sensitive or painful to touch? No Yes
12. Vaccinations completed within the past 12 months? Yes No
13. Is the pet current on Heartworm test and prevention? Yes No
14. Does the pet receive any flea and/or tick medication? Yes No
15. Do you give your pet nutritional supplements? Yes No
List: _____
16. Has your pet received aspirin with the past week? No Yes
17. Has your pet received any nonsteroidal anti-inflammatory (NSAID) medication (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx)? No Yes
List: _____
18. If given, how much did the NSAID improve the lameness? Not applicable 0%
 25% 50% 75% 100%
19. Other medications that your pet is receiving? _____
20. How is your pet's appetite? Normal Decreased
21. Has your pet's weight changed in the last 2 months? No Increased Decreased
Amount of weight change: _____ lbs
22. Does your pet have a skin rash? No Yes
23. Has your pet anesthetized previously? No Yes
24. Were there any problems during anesthesia previously? No Yes Not applicable
Describe: _____
25. Has your pet ever been outside of Michigan in his/her lifetime? No Yes Location: _____

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To be completed by veterinary staff

Physical examination:

Temperature: _____ Pulse: _____

Mucous membrane color: _____

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds

Body score: _____/9

Body weight: ____ lb/ ____ kg Body score: ____/9
Limb lameness on operated limb: ____
Limb lameness on unoperated limb(s): ____
Incision: ____
Range of motion of carpus/elbow joints: ____
Stability of osteotomy site: ____
Pain with palpation of osteotomy site: ____
Degree of valgus: ____
Degree of procurvatum: ____
Degree of torsion (external rotation): ____
Other findings: ____

Diagnostics: none performed today

Diagnosis: ____

Instructions to client:

Medication recommended: ____

Supplements: ____

Diet: ____

Glycosaminoglycan: ____

Exercise: gradually increase to normal over the next month

A recheck exam ____.

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