Initial Fracture Consultation

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. Which limb has a fracture? ☐ Left hind ☐ Right hind ☐ Left fore ☐ Right fore
2. Can your pet walk unassisted? ☐ 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 the fracture occur? _____
5. Severity of lameness at home? ☐ Mild ☐ Moderate ☐ Severe ☐ Nonweight-bearing
6. Does the pet cry out in pain? ☐ No ☐ Yes If yes state when and how often: _____
7. Was there an injury that caused the fracture? ☐ No ☐ Yes Describe injury: - _____
8. Is there any swelling of the affected limb? ☐ No ☐ Yes
9. Does the pet walk like he/she is drunk? ☐ No ☐ Yes
10. Is the fractured limb sensitive or painful to touch? ☐ No ☐ Yes
11. Has your pet been urinating normally? ☐ No ☐ Yes
12. Has your been having breathing difficulty or increased respiratory rate? ☐ No ☐ Yes
13. Vaccinations completed within the past 12 months? ☐ Yes ☐ No
14. Is the pet current on Heartworm test and prevention? ☐ Yes ☐ No
15. Does the pet receive any flea and/or tick medication? ☐ Yes ☐ No
16. Do you give your pet nutritional supplements? ☐ Yes ☐ No
    List: _____
17. Has your pet received aspirin with the past week? ☐ No ☐ Yes
18. Has your pet received any nonsteroidal anti-inflammatory (NSAID) medication (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx)? ☐ No ☐ Yes
    List: _____
19. If given, how much did the NSAID improve the lameness? ☐ Not applicable ☐ 0% ☐ 25% ☐ 50% ☐ 75% ☐ 100%
20. Other medications that your pet is receiving? _____
21. How is your pet's appetite? ☐ Normal ☐ Decreased
22. Has your pet's weight changed in the last 2 months? ☐ No ☐ Increased ☐ Decreased
    Amount of weight change:_____lbs
23. Does your pet have a skin rash? ☐ No ☐ Yes
24. Has your pet anesthetized previously? ☐ No ☐ Yes
25. Were there any problems during anesthesia previously? ☐ No ☐ Yes ☐ Not applicable
    Describe:_____
26. 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:
Temperature: _____ Pulse: _____ Mucous membrane color: _____
Body weight: _____ pounds
Resp: _____ Capillary refill time: _____ seconds Body score: _____/9

Exam findings:

Animal Surgical Center of MI