

Metacarpal/Metatarsal Fracture 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. Which limb is fractured? Left fore Right fore Left hind Right hind
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 the fracture occur? _____
5. Is there an open wound on the limb with the fracture? No Yes.
State location: _____
6. Severity of lameness at home? Mild Moderate Severe Nonweight-bearing
7. Does the pet cry out in pain? No Yes If yes state when and how often: _____
8. Was there an injury that caused the fracture? No Yes Describe injury: -

9. Is there any swelling of the affected limb? No Yes
10. Does the pet walk like he/she is drunk? No Yes
11. Is the fractured limb sensitive or painful to touch? No Yes
12. Has your pet been urinating normally? No Yes
13. Has your been having breathing difficulty or increased respiratory rate? No Yes
14. Vaccinations completed within the past 12 months? Yes No
15. Is the pet current on Heartworm test and prevention? Yes No
16. Does the pet receive any flea and/or tick medication? Yes No
17. Do you give your pet nutritional supplements? Yes No
List: _____
18. Has your pet received aspirin with the past week? No Yes
19. Has your pet received any nonsteroidal anti-inflammatory (NSAID) medication (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx)? No Yes
List: _____
20. If given, how much did the NSAID improve the lameness? Not applicable 0%
 25% 50% 75% 100%
21. Other medications that your pet is receiving? _____
22. How is your pet's appetite? Normal Decreased
23. Has your pet's weight changed in the last 2 months? No Increased Decreased
Amount of weight change: _____ lbs
24. Does your pet have a skin rash? No Yes
25. Has your pet anesthetized previously? No Yes
26. Were there any problems during anesthesia previously? No Yes Not applicable
Describe: _____
27. 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: