

Hip Surgery Recheck Examination

Patient name: _____

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

Pet Owner's Name: _____

Date: _____

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

1. Time after surgery: 2 weeks 8 weeks 12 weeks other: _____
2. Which hip(s) were/was operated recently? Left hind Right hind
3. Amount of weight-bearing on the right hind limb at home? Nonweight-bearing Mild
 Moderate Near full Full
4. Amount of weight-bearing on the left hind limb at home? Nonweight-bearing Mild
 Moderate Near full Full
5. Progression of weight-bearing on operated limb since surgery: Static Improving
 Worsening
6. Does your pet knuckle over on the paw (walk on the top of the paw) of the operated limb?
 No Yes
7. Does your pet cry out in pain? No Yes If yes state when and how often:

8. What worsens the lameness? Nothing Exercise Rest Weather change
9. Does the pet walk like he/she is drunk? No Yes
10. Is the affected limb sensitive or painful to touch? No Yes
11. Do you give your pet nutritional supplements? Yes No
List: _____
12. Did your pet have any adverse reactions to the medications prescribed in the postop period
(i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx, antibiotics, tramadol, epidural, etc)?
 No Yes
List adverse reactions and suspected medications causing signs:

13. Did your pet experienced any of the following: Poor appetite Diarrhea
 Vomiting Coughing Skin rash Increased thirst Increased urination
 Urinary incontinence Fecal incontinence _____
Ongoing issues: _____
14. Has your pet been licking the incision? No Yes
15. Has your pet been wearing an Elizabethan collar? No Yes

Other comments: _____

To be filled out by veterinary staff:

Temperature: _____ Pulse: _____ Mucous membrane color: _____

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds

Body score: _____/9

Exam findings: