

Initial Consultation - Total Hip Replacement

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 your pet limping on? Left hind Right hind Left fore Right fore
2. Does the lameness shift from limb to limb? No Yes Left hind Right hind Left fore Right fore
3. How long has the lameness been present? _____
4. Severity of lameness at home? Mild Moderate Severe Nonweight-bearing
5. Which of the following signs does your pet have: Waddling hind end when walking
 Bunny hopping gait Hind limb stiffness when getting up from a nap
 Struggling to rise from a sitting position/lying position Shortened stride of the hind limb(s) Painful after exercise Not wanting to exercise/play
 Crying out in pain when exercising/playing Painful when hips are touched/petted Clicking noise heard or felt from the hind end/ hind limbs
6. What worsens the lameness? Nothing Exercise Rest Weather change
7. Does your pet usually sit on the rump with the hind limbs off to the side? No Yes
8. Does your pet have trouble ascending or descending stairs? No Yes
9. Does the pet walk like he/she is drunk? No Yes
10. Is there any bruising on the body? No Yes
11. Progression of lameness since it started: Static Improving Worsening
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. Does your pet have skin allergies? No Yes
24. Does your pet get ear infections? No Yes
25. Does your pet get bladder infections? No Yes
26. Does your pet have any dental infections? No Yes
27. Does your pet have or had any other infection? No Yes
28. Has your pet anesthetized previously? No Yes
29. Were there any problems during anesthesia previously? No Yes Not applicable
Describe: _____
30. Has your pet ever been outside of Michigan in his/her life time? No Yes Location: _____

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For Veterinary Staff Only

Temperature: _____ Pulse: _____ Mucous membrane color:

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds Body score: _____/9

Exam findings:

Left hip:

Left stifle:

Left tarsus:

Right hip:

Right stifle:

Right tarsus:

Spine:

Conscious proprioception:



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