

## 2-Week Tarsal Arthrodesis Recheck Examination

Patient name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ yrs Sex: M F NM FS

Pet Owner's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Client history questionnaire:

1. Which hind limb had the arthrodesis surgery?  
 Left  Right
2. When was the arthrodesis performed? \_\_\_\_\_ weeks ago
3. What is the severity of lameness at home on operated side?  Mild  Moderate  
 Severe  Nonweight-bearing
4. Does your pet cry out in pain?  No  Yes If yes state when and how often and when:
5. Is there any swelling of the limbs?  No  Yes
6. Is the fractured limb sensitive or painful to touch?  No  Yes
7. Has your pet been urinating normally?  No  Yes
8. Are your pet's bowel movements normal?  No  Yes List issues if present:
9. Do you give your pet nutritional supplements?  No  Yes List:
10. Has your pet received any nonsteroidal anti-inflammatory (NSAID) medication (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx)?  No  Yes - List (medication, dose and when last dose given, adverse effects):
11. Other medications that your pet is receiving?  No  Yes - List (medication, dose and when last dose given, adverse effects):
12. How has your pet's appetite been?  Normal  Decreased
13. Has your pet been licking the surgical site?  No  Yes
14. Has your pet been wearing an Elizabethan collar?  No  Yes
15. Are you doing range of motion of joints of the forelimb?  No  Yes
16. Is your pet's activity restricted?  Yes  No - explain:
17. Has your pet's weight changed since surgery?  No  Increased  Decreased  
Amount of weight change: \_\_\_\_\_ lbs