Fore Limb Lameness Examination

Patient Name: _____

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

Pet Owner Name: _____

Date of examination: _____

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. Does the pet cry out in pain? ☐No ☐Yes If yes state when and how often: _____
6. Was there an injury that corresponded with the onset of initial lameness? ☐No ☐Yes Describe injury: - _____
7. What worsens the lameness? ☐Nothing ☐Exercise ☐Rest ☐Weather change
8. Is there any swelling of the affected limb? ☐No ☐Yes
9. Does your pet have trouble ascending or descending stairs? ☐No ☐Yes
10. Does the pet walk like he/she is drunk? ☐No ☐Yes
11. Is there any bruising on the body? ☐No ☐Yes
12. Is the affected limb sensitive or painful to touch? ☐No ☐Yes
13. Progression of lameness since it started: ☐Static ☐Improving ☐Worsening
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 life time? ☐No ☐Yes Location: _____

Temperature: _____ Pulse: _____ Mucous membrane color: _____

Body weight: _____ pounds

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

Copyright www.animalsurgicalcenter.com