

Stifle Surgery Pre-examination Form

Date: _____

Patient name: _____

Breed: _____ Age: _____yrs Sex: Male Female Neutered

Pet owner's name: _____

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

1. Which limb(s) is your pet limping on? Left hind Right hind Left fore Right fore
2. How long has the lameness been present? _____
3. Severity of lameness at home? Mild Moderate Severe Nonweight-bearing
4. Does the pet cry out in pain? No Yes If yes state when and how often: _____
5. Can your pet sit straight like a sphinx (hind limbs flexed and tucked straight)? No Yes
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 within the past week? No Yes
19. List all medications that your pet as received including medication name, size of pill, pills per dose, frequency of administration, duration of medication given, date of last dose of medication and how much of each medication you have at home:

20. Characterize your pet's appetite? Normal Decreased Anorexic
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 (please check the belly and thighs closely)? No Yes
23. Has your pet anesthetized previously? No Yes
24. Were there any problems during anesthesia previously? No Yes Not applicable
Describe: _____
25. Has your pet ever been outside of Michigan in his/her life time? No Yes Location:

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To be filled out by veterinary staff:

Temperature: _____ Pulse: _____ Mucous membrane color: _____

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds

Body score: _____/9

Left hind limb evaluation:

Stifle:

- Indirect cranial drawer grade: _____
- Meniscal click: _____
- Medial buttress: _____
- Effusion: _____
- Patellar luxation grade: _____
- Direction of patellar luxation: _____
- Range of motion: _____
- Severity of Lameness: _____

Right hind limb evaluation:

Stifle:

- Indirect cranial drawer grade: _____
- Meniscal click: _____
- Medial buttress: _____
- Effusion: _____
- Patellar luxation grade: _____
- Direction of patellar luxation: _____
- Range of motion: _____
- Severity of Lameness: _____

Spinal pain: _____