

Limping Problem Questionnaire

Date: _____

Patient: _____

Owner: _____

Contact number(s): _____

Pick up time: _____

1. When did you first notice a problem? _____

Has it: **CIRCLE ONE**

 Gotten better

 Gotten worse

 Stayed the same

2. Is the problem constant or does it come and go? _____

Does it seem to be: **CIRCLE ONE**

 Worse in the AM after sleep

 Worse after exercise

 Better after exercise

 Affected by cold/damp

3. Which leg(s) are affected? **CIRCLE ALL THAT APPLY**

 Front: Left Right Variable

 Back: Left Right Variable

4. Is your pet reluctant to: **CIRCLE ALL THAT APPLY**

 Run Sit-up Get up from sleeping

 Walk Stand on hind legs Get into car/bed

 Jump Lay down Climb stairs

5. When thinking about the affected leg(s), does your pet:

CIRCLE ALL THAT APPLY

 Hold leg up Walk on toes, only

 Move "stiffly" Take smaller steps

 Cry when touched "Skip" when walking

6. Does your pet have a history of lameness problems? YES NO

 Explain: _____

7. Is it okay to: Sedate: YES NO X-ray: YES NO

8. Is your pet fasted? YES NO

Owners signature: _____