Mobility Questionnaire: Does Your Pet Show Signs of Pain?

Pet's Name			Own	ner's Name			
Breed		Age		Weight	lbs		
1- In general,	how do you	rate your pet's	health?				
☐ Excellent	$\Box V$	ery Good	\Box Good	□Fair	□Poor		
2- Has your p	et ever seen a	ı veterinarian b	ecause of joint	pain, stiffness,	or limping?		
□ No	☐ Yes	Details:					
3- Has your p	et's appetite	or thirst change	ed?				
□ No	☐ Yes	Details:					
4- Does your	pet have pain	, swelling, or s	stiffness?				
	•	rely 🗆 🤇	Yes				
0 1		to changes in by your pet [CHo	ehavior, which OOSE ONE]	can be hard to	read in a pet	t.	
☐ Is complet	tely uninteres	ted in its surro	undings; sleeps	all the time?			
☐ Will show	interest, but	no longer com	es to greet you?	,			
☐ Is mostly i	interested in l	life and food, b	ut reluctant to p	olay?			
☐ Plays only when encouraged and not for long?							
☐ Has had no	o change in p	ersonality?					
6- Has your p	et's activity l	evel changed?	If so, select AI	LL that apply:			
☐ Seeks mor	e affection th	nan usual	☐ Reluctar	nt to move	☐ Beco	mes restless	
☐ Has diffict	ulty getting u	p from a laying	g position	☐ Lies ver	y still [☐ Shows trembling	
☐ Shows circ	cling \square R	Repetitively get	s up and lies do	wn 🗆 (Other		
7- Does your	pet favor one	side of its bod	y more than the	other?			
□ No	☐ Yes	Details:					

8- Has your pet become protective of	f itself? If so, Select A	LL that apply:						
☐ Protects hurt body part	☐ Doesn't put weigh	nt on a particular	leg	☐ Hides				
☐ Doesn't want to be picked up or l	held 🗆 Lin	imps						
9- Did your pet's signs begin slowly	or suddenly?							
☐ Slowly, over the course of a few	months \Bullet Su	ddenly, within da	ays or a few w	eeks				
10- In the morning, are the affected a	areas stiff for more tha	n half an hour?						
□ No □ Yes □ There is no morning stiffness								
11- Does your pet have trouble in areas where it never used to need assistance?								
☐ Cannot manage any steps withou	t help	☐ Cannot get into the vehicle without help						
☐ Can only manage a few steps alor	ne, then needs help	☐ Cannot jump onto furniture without help						
☐ Manages a full flight of steps, bu	t has difficulty	☐ Has No problem jumping						
☐ Can only go upstairs without help	p	☐ Has No problem on stairs						
☐ Can only go downstairs without help								
11- How long can your pet walk without getting tired, limping, or stopping?								
☐ Less than 5 minutes	☐ More than 30 minutes							
☐ Does not show signs until finished walking and rests for a while (will stiffen up)								
12- Has your pet had a joint/bone injury or surgery?								
□ No □ Yes Details:								
13- Which of the following methods [Check ALL that apply]	do you use to manage	your pet's pain,	swelling, or st	iffness?				
☐ Physical Activity/Exercise	☐ Nutritional Supple	ements	☐ Weight Ma	ınagement				
☐ Cold or Heat Treatment	☐ Medication		☐ None of the	e above				
☐ Physical Rehabilitation/Chiroprae	ctive/Massage		☐ Laser The	rapy				
Other								

14- Which medication and/or joint s	upplements do you currently g	ive your pet? [Check ALL that apply]
\square Prescription medication from vet	erinarian:	
☐ Over-the-counter medication:		
☐ Aspirin:		
☐ Glucosamine human medication	(Brand):	
☐ Veterinary joint supplement (Bra	and):	
☐ Herbal supplement (Brand):		
☐ Other:		
□ None		
15- Does your pet have any of the fo	ollowing conditions? [Check A	LL that apply]
☐ Kidney disease	☐ Liver disease	☐ Lung disease
☐ Cardiovascular disease	☐ Skin disease	☐ Active infection
☐ Bladder problems	Other	
16- Is there anything else we should	• •	
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