



EVERGREEN
Veterinary Hospital

LAMENESS AND INJURY HISTORY FORM

Name: _____ Pet's Name: _____

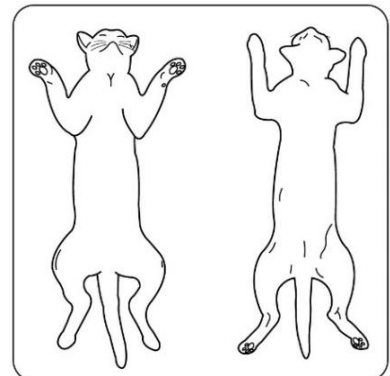
How long has the lameness/injury been going on? _____

How quickly did the lameness/injury occur? *Suddenly* *Gradually*

Did you see what caused the lameness/injury? *Yes* *No*

If yes, please explain. _____

Which part of the body is affected? Please circle the area(s) of concern and enter any comments in the space provided below.



Please indicate how the lameness/injury has affected your pet:

- ___ Difficulty walking, sitting and/or laying down
- ___ Stiff after rest or sleep
- ___ Reluctant or no longer able to get in the car or climb stairs
- ___ Reluctant or no longer able to jump or play
- ___ Reluctant or no longer able to go on walks
- ___ Crying, whining or wincing in pain
- ___ Resistance or even biting/snapping when the area(s) are touched
- ___ Difficulty sleeping

Date: _____

Has your pet received or is receiving medication for the current problem? *Yes* *No*

Is your pet receiving any other medications not related to the current problem? *Yes* *No*

If Yes, please list all medications. _____

Please provide any additional information you would like us to know. _____

Date: _____