



Family Veterinary Center
99 Main St.,
Haydenville, MA 01039
413-268-8387

Date: _____

Client: _____

Patient: _____

Canine Pain Questionnaire

General Discomfort:

How long has your pet been showing pain/uncomfortable signs? (please circle)

Up to 6 months

6-12 months

12-24 months

over 24 months

Has your dog been diagnosed with any other problems in addition to their orthopaedic issues? Please list along with any medications they are taking:

Does your dog ever vocalize from pain or discomfort (yelping, whining, grunting)? If so how often and doing what?

How, would you say, is your dog's mobility in general? (please circle)

Very good

Good

Fair

Poor

Very poor

Is your pet able to use stairs? Y / N How many and how often do they need to use stairs?

On a scale of 1 – 5 (1 being very easy/no difficulty and 5 being very difficult/unable) please rate how difficult it is for your dog to get down into a lying position?

How difficult is it for your dog to rise from a lying position?

Exercise (please circle your answers):

How often does your pet exercise?

More than once a day Daily Weekly Rarely Never

What type of exercise?

Walks on lead Walks off lead Runs on lead Runs off lead Unsupervised

What type of terrain do the majority of these activities take place on?

Level grass Wooded area Street/Concrete Rough/hilly area

How long do activities usually last?

Less than 30 min 30 min- 1 hour Over an hour

Who limits the extent of your pet's exercise (you or your dog)?

What overall effect does exercise have on your dog's pain/lameness?

No effect Mild Moderate Severe

Feeding:

What type of feeding bowls do you use (metal, ceramic, plastic)?

Are the food and water bowls raised? If so, how high?

What is their main diet? Please list brand and main ingredients.

Does your pet get any treats or table scraps? Please list.