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Dr. David Lane  
Orthopaedic Surgery and Lameness Consultations  
Rehabilitation and Sports Medicine  
Chiropractic and Acupuncture

Please fill in the blanks and/or circle all answers that apply

Owner's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_  
Patient's Age: \_\_\_\_\_ Date: \_\_\_\_\_  
Breed: \_\_\_\_\_ Gender: \_\_\_\_\_

Were you:

- a) referred by another veterinarian (please print your veterinarian's name and/or the name of the hospital your pet normally goes to: \_\_\_\_\_  
\_\_\_\_\_
- b) not referred by your veterinarian, but would like your veterinarian to receive a report of today's findings: \_\_\_\_\_  
\_\_\_\_\_
- c) not referred by a veterinarian and there is no veterinarian whom you would like to receive a report of today's findings.

Are you here to address:

- a) active lameness, weakness or pain
- b) general decrease in athletic ability/performance
- c) preventative medical or wellness appointment

What are your current or future athletic expectations for your pet?

- a) competition/working dog
- b) very athletic lifestyle (mountain biking, ski touring, multi-day hikes etc.)
- c) active lifestyle – frequent walks, running in park, day hikes etc
- d) casual lifestyle – mostly hangs out with people or in the house
- e) old/debilitated from ongoing issue – just want my pet to be comfortable

What do you feed your pet? Please list brand name and daily volume fed.

- a) commercial kibble/canned diet: \_\_\_\_\_
- b) prescription medicated diet: \_\_\_\_\_
- c) prepared frozen or raw diet: \_\_\_\_\_
- d) homemade diet: \_\_\_\_\_

Is your pet on any current medications or supplements? Please list below:

- a) supplements (eg: glucosamine or essential fatty acids) \_\_\_\_\_  
\_\_\_\_\_
- b) non-prescription anti-inflammatory eg: aspirin, Tylenol \_\_\_\_\_  
\_\_\_\_\_
- c) prescription medication from my veterinarian \_\_\_\_\_  
\_\_\_\_\_



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d) other \_\_\_\_\_

Does your pet suffer from:

- a) urinary or faecal incontinence
- b) unco-ordination or staggering, scuffing nails
- c) seizures
- d) adverse drug/allergic reactions: \_\_\_\_\_

Please describe the primary problem that you noticed (ie: the issue that prompted you to make this appointment): \_\_\_\_\_

Please list any previously performed tests or treatments relating to this problem:  
\_\_\_\_\_

When did you first notice this issue? \_\_\_\_\_

Was it brought about by any specific event? \_\_\_\_\_

Which leg(s)/body part(s) do you feel are affected? \_\_\_\_\_

Since you first noticed it, has the issue:

- a) gotten better
- b) worse
- c) stayed the same

Is it (a) fixed in one location or (b) does it shift between multiple locations?

Is it:

- a) constant
- b) intermittent
- c) worse during exercise
- d) worse after rest/getting up from a nap
- e) other \_\_\_\_\_

Does your pet have difficulty:

- a) jumping up (into car etc)
- b) jumping down
- c) going upstairs
- d) going downstairs
- e) getting up from lying down
- f) lying down
- g) worse on certain types of footing \_\_\_\_\_
- h) worse with certain activities \_\_\_\_\_
- i) worse with cold, damp or hot weather \_\_\_\_\_