



Owners Name \_\_\_\_\_ Owner Contact No. \_\_\_\_\_

Pets name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Diagnosed Condition \_\_\_\_\_ Date of assessment \_\_\_\_\_

1. **How is your Dog's general mobility?** 1. Very good 2. Good 3. Poor 4. Very poor
2. **What effect does the weather have on your pet's mobility?** 1. No effect 2. Slight effect  
3. Reasonable effect 4. Big effect
3. **Does your pet become stiff after lying down?** 1. Never 2. unsure 3. Sometimes 4.  
Occasionally 5. Always
4. **Does your dog want to exercise?** 1. All the time 2. Most of the time 3. Sometimes 4.  
Never
5. **Does exercise make the lameness worse?** 1. Never 2. Sometimes 3. Most of the time  
4. Every time
6. **Is your Dog still interested in playing?** 1. All the time 2. Most of the time 3. Sometimes  
4. Never
7. **Does your dog ever cry out in pain When getting up?** 1. Never 2. Occasionally 3. Most of  
the time 4. Every time
8. **Does your dog slip on Laminate flooring?** 1. Never 2. Occasionally 3. Sometimes 4. Every  
time
9. **Does your dog have to adjust their stance when going to the toilet?** 1. Never 2. Occasionally  
3. Sometimes 4. Every time
10. **Does your dog still wag their tail?** 1. All the time 2. Most of the time 3. Sometimes 4.  
Never
11. **Can your dog climb stairs?** 1. All the time 2. Most of the time 3. Sometimes 4. Never
12. **What is your dog's overall demeanor?** 1. Happy 2. Mostly happy 3. Sometimes depressed  
4. Always depressed
13. **Does your pet eat well?** 1. All the time 2. Most of the time 3. Sometimes 4. Hardly  
ever

**For Practitioner to fill in**

Limb / s affected?

\_\_\_\_\_

\_\_\_\_\_

**Goniometry readings:**

Left Shoulder \_\_\_\_\_

Right Shoulder \_\_\_\_\_

Left Elbow \_\_\_\_\_

Right Stifle \_\_\_\_\_

Left Carpus \_\_\_\_\_

Right Carpus \_\_\_\_\_

Left Hip \_\_\_\_\_

Right Hip \_\_\_\_\_

Left Stifle \_\_\_\_\_

Right Stifle \_\_\_\_\_

Left Hock \_\_\_\_\_

Right Hock \_\_\_\_\_

**Muscle mass measurements**

Left Fore \_\_\_\_\_ Left Hind \_\_\_\_\_

Right Fore \_\_\_\_\_ Right Hind \_\_\_\_\_

**Client questions Score:**



Mark out of 52

**Other Comments / observations**

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**Treatment goals**

- 1.
- 2.
- 3.

